10/20/2009 11:07

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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines American Hospital Association PAC 325 Seventh Street, NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00106146 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 09 0 1 2009 09 30 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Melinda Hatton Type or Print Name of Treasurer Electronically Filed by Ms. Melinda Hatton 10 20 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

### **SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS

2 / 126

Write or Type Committee Name American Hospital Association PAC

FEC Form 3X (Rev. 02/2003)

D <sup>®</sup>D 09 0 1 2009 0.9 3 0 2009 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 1339674.06 January 1 (b) Cash on Hand at 1692151.43 Begining of Reporting Period ..... 187186.90 1187741.31 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1879338.33 2527415.37 6(a) and 6(c) for Column B) ..... 786623.15 138546.11 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 1740792.22 1740792.22 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 126

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

From:

M M D D D 0 1

2009

то:

м м 0 9 <sup>D</sup> 3 0

<sup>Y</sup> 2009

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	71105.23	482501.22
	(ii) Unitemized	34182.59	218945.17
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	105287.82	701446.39
(	b) Political Party Committees	0.00	0.00
	c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	105287.82	701446.39
	Fransfers From Affiliated/Other Party Committees	81676.00	461786.00
3. <i>F</i>	All Loans Received	0.00	0.00
	oan Repayments Received  Offsets To Operating Expenditures	0.00	0.00
Ì	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
t	o Federal candidates and Other Political Committees	0.00	22000.00
	Other Federal Receipts Dividends, Interest, etc.)	223.08	2508.92
	ransfers from Non-Federal and Levin Funds		
(	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(	b) Levin Funds (from Schedule H5)	0.00	0.00
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	187186.90	1187741.31
	otal Federal Receipts Subtract Line 18(c) from Line 19)	187186.90	1187741.31

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4/126

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal		l
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	196.11	E221.46
	Expenditures	196.11	5231.46
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	196.11	5231.46
22.	Transfers to Affiliated/Other Party		
2	Contributions to	0.00	0.00
.0.	Federal Candidates/Committeesand Other Political Committees	138000.00	780491.69
4.	Independent Expenditure		
5	(use Schedule E)	0.00	0.00
J.	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6		0.00	0.00
.0.	Loan Repayments Made	0.00	
	Loans Made  Refunds of Contributions To:	0.00	0.00
.0.	(a) Individuals/Persons Other	350.00	900.00
	Than Political Committees		
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	
	(add Lines 28(a), (b), and (c))	350.00	900.00
29.	Other Disbursements	0.00	0.00
U.	Federal Election Activity (2 U.S.C 431(20))  (a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	2.22
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,		
-	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	138546.11	786623.15
32.	Total Federal Disbursements		
, <u>.</u> .	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	138546.11	786623.15

### **DETAILED SUMMARY PAGE**

of Disbursements

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	105287.82	701446.39
34.	Total Contribution Refunds (from Line 28(d))	350.00	900.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	104937.82	700546.39
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	196.11	5231.46
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	196.11	5231.46

FE6AN026

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 126 (check only one)  11a 11b 11c X 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any per ne name and address of any political committee	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) New York Hospital & Healthcare Assoc. FED P Mailing Address One Empire Drive  City Rensselaer  FEC ID number of contributing	State Zip Code NY 12144	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
federal political committee.  Name of Employer	C C00160259  Occupation	25000.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 120000.00	
Full Name (Last, First, Middle Initial)  Texas Hospital Association HOSPAC - Federal  Mailing Address P.O. Box 15587		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17513250
Austin  FEC ID number of contributing federal political committee.	TX 78761-5587  C C00301325	Amount of Each Receipt this Period  11500.00
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 46500.00	
Full Name (Last, First, Middle Initial) Wisconsin Hospital Association Federal PAC		Date of Receipt
Mailing Address 5510 Research Park	Drive	M M / D D / Y Y Y Y Y Y Y O 9 0 8 2 0 0 9
City	State Zip Code	Transaction ID: 17513469
Madison  FEC ID number of contributing federal political committee.	WI 53725-9038  C C00359455	Amount of Each Receipt this Period  2450.00
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 9750.00	
SUBTOTAL of Receipts This Page (optional)	-	38950.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 126 (check only one)  11a 11b 11c X 12 13 14 15 16 17
	Any information copied from such Reports and State or for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) AZHHA Political Action Committee (Federal)			Date of Receipt
	Mailing Address 2901 North Central Ave Suite 900			09 / 10 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 17517250
	Phoenix	AZ	85012	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0217687	12726.00
	Name of Employer	Occupation	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 12726.00	
В.	Full Name (Last, First, Middle Initial) New York Hospital & Healthcare Assoc. FED PAC			Date of Receipt
	Mailing Address One Empire Drive			09 17 2009
	City	State	Zip Code	Transaction ID: 17529136
	Rensselaer	NY	12144	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0160259	30000.00
	Name of Employer	Occupation	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 150000.00	

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	42726.00
TOTAL This Period (last page this line number only)	<b>•</b>	81676.00

SCHEDULE A (FEC FOITEMIZED RECEIPTS	orm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 126 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other	han using the name and ac	ay not be sold or used by any persoldress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Fu American Hospital Associa	•		
Full Name (Last, First, Middle In Mr. Vernon L. Long	,		Date of Receipt
Mailing Address 3440 N.E.  City	KINCAIO State	Zip Code	0 9 0 2 2 0 0 9 Transaction ID: 17511299
Topeka	KS	66617-3620	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Stormont-Vail HealthCare	Occupation Vice Pre		
Receipt For:  Primary  Genera  Other (specify) ▼	Aggregat	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle In Kent E. Palmberg, , M.D.			Date of Receipt
Mailing Address 1216 SW \	Vestside Drive		09 02 2009
City	State	Zip Code	Transaction ID: 17511310
Topeka	KS	66615-1236	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Stormont-Vail HealthCare	Occupation Senior \	on Vice President and Chief Med	lica
Receipt For:  Primary Genera  Other (specify) ▼		e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle In Mrs. Carol S. Perry, RN	nitial)		Date of Receipt
Mailing Address PO Box 38	22		09 / 02 / 4 9 9
City	State	Zip Code	Transaction ID: 17511311
<u>Topeka</u>	KS	66604-6822	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Stormont-Vail HealthCare	Occupation VP and		
Receipt For:		e Year-to-Date ▼	
Primary Genera Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page	le (ontional)		800.00
TOTAL This Period (last page thi		<u> </u>	

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 126 (check only one)    X   11a
r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pene name and address of any political committee	erson for the purpose of soliciting contributions
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Randall Peterson		Date of Receipt
Mailing Address 2022 N. Red Oaks		09 02 2009
City Wichita	State Zip Code KS 67206-8909	Transaction ID: 17511312  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Via Christi Health System	Occupation Senior Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Jay M. Baumgartner Mailing Address 111 Woodlawn Dr.		Date of Receipt
Mailing Address		09 / 03 / 2009
City	State Zip Code IN 46580-4750	Transaction ID: 17511575
Warsaw FEC ID number of contributing federal political committee.	IN 46580-4750	Amount of Each Receipt this Period 250.00
Name of Employer Otis R. Bowen Center for Human Service	Occupation Chief Financial Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Mr. James D. Bickel		Date of Receipt
Mailing Address 4370 Washington St	reet	09 03 2009
City Columbus	State Zip Code IN 47203-1139	Transaction ID: 17511577
FEC ID number of contributing federal political committee.	C 47203-1139	Amount of Each Receipt this Period 250.00
Name of Employer Columbus Regional Hospital	Occupation Director Materials Management	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	•	1000.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 126 (check only one)    X   11a
ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pene name and address of any political committee	erson for the purpose of soliciting contributions
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Dr James Callaghan III, , M.D.  Mailing Address 2910 Mt. Claire Way		Date of Receipt
City	State Zip Code	0 9 0 3 2 0 0 9 Transaction ID: 17511585
Long Beach	IN 46360-1718	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Saint Anthony Memorial - Michigan City	Occupation President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Tom J Gryzbek		Date of Receipt
Mailing Address 1335 Capri Lane		09 / 03 / 2009
City	State Zip Code	Transaction ID: 17511616
<u>Dyer</u>	IN 46311-1324	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Saint Margaret Mercy Heal- thcare Center	Occupation President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Ray V Ingham, , Ph.D.		Date of Receipt
Mailing Address 217 East Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17511630
Lebanon	IN 46052-1221	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Witham Health Services	Occupation Hospital President and CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1000.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 126 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Repor or for commercial purposes, other than u	ts and Statements may not be sold or used by any persor using the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association	PAC	
Full Name (Last, First, Middle Initial) Mr Paul Janssen		Date of Receipt
Mailing Address 601 Hoosier Dr.		09 / 03 / 2009
City New Castle	State Zip Code IN 47362-2940	Transaction ID: 17511633
FEC ID number of contributing federal political committee.	IN 47362-2940	Amount of Each Receipt this Period 250.00
Name of Employer Henry County Hospital	Occupation Senior Vice President and Chief Finan	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Kevin D Leahy		Date of Receipt
Mailing Address 51015 Shamroo	ck Hills Court	09 / 03 / 1009
City	State Zip Code	Transaction ID: 17511646
Granger	IN 46530-7830	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Sisters of St. Francis He- alth Services	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Greg W Lintjer		Date of Receipt
Mailing Address 53308 Monticol	a Ln.	09 03 7 2009
City	State Zip Code	Transaction ID: 17511649
Bristol	IN 46507-9692	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Elkhart General Healthcare System	Occupation Hospital President	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
SUBTOTAL of Receipts This Page (on	tional)	1000.00
	number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 126 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  American Hospital Association PAC	I Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Mr. Ronald L Mead  Mailing Address 4277 Sedge Ct.  City  Zionsville  FEC ID number of contributing federal political committee.  Name of Employer St. Vincent Health  Receipt For:  Primary General  Other (specify)	State Zip Code IN 46077-8526  C  Occupation Hospital Chief Mission Officer  Aggregate Year-to-Date  500.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 9 / D 0 3 / 2 0 0 9  Transaction ID: 17511658  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  Mr. David Ruskowski  Mailing Address 6603 Robin Hood Dr  City  Indianapolis  FEC ID number of contributing federal political committee.  Name of Employer SSFHS - St. Anthony Medical Center of Receipt For:		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Lawrence R. Ulrich Mailing Address 4655 Running Brook  City Greenwood  FEC ID number of contributing federal political committee.	250.00  Terr  State Zip Code IN 46143-9255  C	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Four County Counseling Center Receipt For:  Primary General Other (specify) ▼	Occupation Executive Director and CEO Aggregate Year-to-Date   375.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1125.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 126 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using the	Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Bernadine Marcuccilli Wallace		Date of Receipt
Mailing Address 1003 Overlook Road  City	State Zip Code	M M / D D Z Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Marion	IN 46952-1330	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Marion General Hospital	Occupation Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms Marlene Weatherwax		Date of Receipt
Mailing Address 6906 S. Five Points F	Road	09 / 03 / 4 7 7 7
City	State Zip Code	Transaction ID: 17511717
<u>Indianapolis</u>	IN 46259-9754	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Columbus Regional Hospital	Occupation Vice President and Chief Financial Of	f
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Terrance E Wilson		Date of Receipt
Mailing Address 5380 Gardenia Court		09 / 03 / 4 7 7 7
City	State Zip Code	Transaction ID: 17511721
West Lafayette	IN 47906-9070	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer St. Elizabeth Regional He- alth	Occupation President and Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	<u> </u>	

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 126 (check only one)    X
or fo	information copied from such Reports and St r commercial purposes, other than using the IAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>,                                     </u>	full Name (Last, First, Middle Initial) Ms. Carmela S. Coyle Mailing Address 6820 Deerpath Road			Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Elleridae	State MD	Zip Code	Transaction ID: 17512466
F	Elkridge EC ID number of contributing ederal political committee.	C	21075-6200	Amount of Each Receipt this Period 510.00
<u>t</u>	lame of Employer //aryland Hospital Associa- ion Receipt For: Primary General Other (specify)		t and CEO Year-to-Date ▼	
B. <u>N</u>	full Name (Last, First, Middle Initial)  Mr. William H Considine  Mailing Address One Perkins Square			Date of Receipt  0 9 0 8 2 0 0 9
Ċ	Dity	State	Zip Code	Transaction ID: 17513501
	Akron	ОН	44308-1062	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		500.00
N A	lame of Employer kron Children's Hospital	Occupation Presiden		
F	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 500.00	
	ull Name (Last, First, Middle Initial) Ir. Brent A Marsteller			Date of Receipt
N	Mailing Address 2010 Military Road			09 08 2009
	Dity	State	Zip Code	Transaction ID: 17513505
<u> </u>	Huntington	WV	25701-5339	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		500.00
<u> </u>	lame of Employer Cabell Huntington Hospital	Occupation Presiden	n t and Chief Executive Office	r
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
	BTOTAL of Receipts This Page (optional)			1510.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 126 (check only one)    X   11a
A	ny information copied from such Reports and St r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
<b>A.</b>	Full Name (Last, First, Middle Initial)  Mr. Douglas E Bentz  Mailing Address 100 Seneca Valley  City  Sissonville  FEC ID number of contributing federal political committee.  Name of Employer Roane General Hospital  Receipt For:  Primary General  Other (specify)	State Zip Code WV 25320-9781  C  Occupation Chief Executive Officer Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 9 / D 08 / 2009  Transaction ID: 17513526  Amount of Each Receipt this Period  250.00
 3.	Full Name (Last, First, Middle Initial) Mr. Stephen P Dexter  Mailing Address 7 Stony Point Road  City Charleston  FEC ID number of contributing federal political committee.  Name of Employer Thomas Memorial Hospital  Receipt For: Primary General	State Zip Code WV 25314-1663  C  Occupation President and Chief Executive Officer Aggregate Year-to-Date  500.00	Date of Receipt  M M O 9 O 8 O 2 0 0 9  Transaction ID: 17513532  Amount of Each Receipt this Period  500.00
	Full Name (Last, First, Middle Initial) Mr. John C Forester Mailing Address 1160 Van Voorhis Road City Morgantown FEC ID number of contributing federal political committee.  Name of Employer HEALTHSOUTH MountainView Regional Reha Receipt For:		Date of Receipt  M M / D D / Y Y Y Y Y  O 9
[5	Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	250.00	1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 126 (check only one)    X   11a
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PA	nd Statements may not be sold or used by any persog the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Michael B. Robbins Mailing Address 31 Carriage Road  City Charleston  FEC ID number of contributing federal political committee.  Name of Employer West Virginia Hospital Association Receipt For:	State Zip Code WV 25314-2165  C  Occupation V.P Financial Policy  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D M / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify)  Full Name (Last, First, Middle Initial) John A. May	500.00	Date of Receipt
Mailing Address 7 Sun Bonnet Lane  City  Morgantown  FEC ID number of contributing federal political committee.	State Zip Code WV 26508-2536	Transaction ID: 17513536  Amount of Each Receipt this Period  250.00
Name of Employer Wetzel County Hospital  Receipt For:  Primary General  Other (specify) ▼	Occupation Interim CFO  Aggregate Year-to-Date   250.00	
Full Name (Last, First, Middle Initial) Mr David Abelson Mailing Address 6500 Excelsior Box	ulevard	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Saint Louis Park FEC ID number of contributing federal political committee.	State Zip Code MN 55426-4702	Transaction ID: 17513541  Amount of Each Receipt this Period  250.00
Name of Employer Park Nicollet Health Services Receipt For: Primary General	Occupation President and Chief Executive Officer Aggregate Year-to-Date	
Other (specify)	250.00	1000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 126 (check only one)  X 11a 11b 11c 12  13 14 15 16 11		
A Oi	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any pers name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC				
۷.	Full Name (Last, First, Middle Initial) Ms. Sara J Criger		Date of Receipt		
	Mailing Address 69 West Exchange Str		09 08 2009		
	City Saint Paul	State Zip Code MN 55102-1004	Transaction ID: 17513551		
	FEC ID number of contributing federal political committee.	C 35102-1004	Amount of Each Receipt this Period  250.00		
	Name of Employer St. Joseph's Hospital	Occupation Chief Executive Officer			
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00			
 3.	Full Name (Last, First, Middle Initial) Mr. John Diehl		Date of Receipt		
	Mailing Address 183 University Avenue	09 / 08 / 4 9 9			
	City	·			
	Saint Paul	MN 55101-2526	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	250.00		
	Name of Employer Gillette Children's Speci- alty Healthca	Occupation Chief Executive Officer			
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00			
_	Full Name (Last, First, Middle Initial) Mr. John Doherty		Date of Receipt		
	Mailing Address 2450 Riverside Avenue	)	09 08 2009		
	City	State Zip Code	Transaction ID: 17513555		
	Minneapolis	MN 55454-1450	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	100.00		
	Name of Employer Fairview Health Services	Occupation Senior Operating Executive, Outstat	е		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00			
	SUBTOTAL of Receipts This Page (optional)		600.00		

	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 126 (check only one)    X
or for commercia	copied from such Reports and St al purposes, other than using the OMMITTEE (In Full) Hospital Association PAC	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Mr Geoff Glue	ast, First, Middle Initial) ckstein ess 5500 Wayzata Blvd. St	e 300 State	Zip Code	Date of Receipt    M
Golden Val	lley per of contributing al committee.	MN	55416-3582	Amount of Each Receipt this Period  500.00
Name of Employments Inc. Receipt For:	oloyer struction Serv-		n of Project Managment e Year-to-Date ▼ 500.00	
Full Name (L Mr. James F F Mailing Addre				Date of Receipt  0 9 0 8 2 0 0 9
City		State	Zip Code	Transaction ID: 17513571
<u>Bemidji</u> FEC ID numl federal politic	per of contributing	C	56601-5103	Amount of Each Receipt this Period 75.00
Name of Emp North Countr spital Receipt For:	oloyer y Regional Ho-	1	n t and Chief Executive Office Year-to-Date ▼ 375.00	er
Full Name (L Mr. Michael D	ast, First, Middle Initial) Hedrix			Date of Receipt
Mailing Addre	ess 109 Court Avenue Sout	th		0 9 0 8 2 0 0 9
City		State	Zip Code	Transaction ID: 17513576
	per of contributing al committee.	C	55072-5120	Amount of Each Receipt this Period 250.00
als and Clini	oloyer nmunity Hospit-	Occupation Administ		
Receipt For: Primary Other (	/ General specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of	Receipts This Page (optional)			825.00

SCHEDULE A (FEC FO ITEMIZED RECEIPTS	rm 3X)  Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 126 (check only one)  X 11a 11b 11c 12 13 14 15 16 11	
Any information copied from such Roor for commercial purposes, other the NAME OF COMMITTEE (In Full	eports and Statements may not be sold or used by any pers an using the name and address of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.	
American Hospital Associat			
Full Name (Last, First, Middle Init Ms. Mary Maertens	<u> </u>	Date of Receipt	
Mailing Address 300 South E		09 08 2009	
City <u>Marsha</u> ll	State Zip Code MN 56258-3901	Transaction ID: 17513591  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	175.00	
Name of Employer Avera Marshall Regional Medical Center	Occupation Director, Community Services		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		
Full Name (Last, First, Middle Init		Date of Receipt	
Mailing Address 2550 Univer	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
City State Zip Code		Transaction ID: 17513592	
Saint Paul  FEC ID number of contributing federal political committee.	MN 55114-1052	Amount of Each Receipt this Period  200.00	
Name of Employer Minnesota Hospital Associ- ation	Occupation President		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		
Full Name (Last, First, Middle Init Mr Erik Nelson	ial)	Date of Receipt	
Mailing Address 18242 Dove	Mailing Address 18242 Dove Court		
City	State Zip Code	Transaction ID: 17513624	
Eden Prairie  FEC ID number of contributing federal political committee.	MN 55347-1179	Amount of Each Receipt this Period  250.00	
Name of Employer Validus Consulting	Occupation Principal		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Page	(optional)	625.00	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 126 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
<b>∠</b> <b>4</b> .	Full Name (Last, First, Middle Initial) Mr. Tim Rice Mailing Address 49725 County 83  City	State Zip Code	Date of Receipt    M M M
	<u>Staples</u>	MN 56479-5280	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Lakewood Health System	Occupation President	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
_ 3.	Full Name (Last, First, Middle Initial)  Mr Mark A Skubic  Mailing Address 6500 Excelsior Bouleva	ard	Date of Receipt
		09 08 2009	
	City Minneapolis	State Zip Code MN 55426-4702	Transaction ID: 17513634  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 35420-4702	310.00
	Name of Employer Park Nicollet Health Serv- ices	Occupation Vice President Government Relations	an
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 310.00	
- ).	Full Name (Last, First, Middle Initial) Ms Tanis Thometz		Date of Receipt
	Mailing Address 12600 Whitewater Driv Ste. 150		09 / 08 / 2009
	City Minnetonka	State Zip Code MN 55343-9449	Transaction ID: 17513646  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	750.00
	Name of Employer Humana	Occupation Provider Realtions Consultatnt	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Γ			1310.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 126 (check only one)    X   11a	
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Mr. Randy Ulseth Mailing Address 301 South Highway 6  City Mora  FEC ID number of contributing federal political committee.	State Zip Code MN 55051-1899	Date of Receipt    M M M	
Name of Employer Kanabec Hospital  Receipt For:  Primary General  Other (specify) ▼	Occupation Chief Executive Officer  Aggregate Year-to-Date   250.00		
Full Name (Last, First, Middle Initial) Mr. Karl B Gills Mailing Address 1024 Central Park Dri	Ir. Karl B Gills		
City	State Zip Code	Transaction ID: 17513823	
Steamboat Springs FEC ID number of contributing federal political committee.	CO 80487-8813	Amount of Each Receipt this Period  250.00	
Name of Employer Yampa Valley Medical Cent- er	Occupation Chief Executive Officer		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Mr. Rulon F Stacey	I	Date of Receipt	
Mailing Address 1809 East Harmony F	Road	09 09 2009	
City	State Zip Code	Transaction ID: 17513824	
Fort Collins	CO 80528-3446	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	500.00	
Name of Employer Poudre Valley Health Syst- em	Occupation President and Chief Executive Office	er	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
	•		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  Any information copied from such Benorts at	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 126  (check only one)    X
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Hospital Association PAG	the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr Russ Branzell		Date of Receipt
Mailing Address 1024 South Lemay	Avenue	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17513827
Fort Collins	CO 80524-3998	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Poudre Valley Health Syst-	Occupation Vice President Information Systems	
em Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mr. Mitchell C Carson	<b>I</b>	Date of Receipt
Mailing Address P O Box 1659		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17513830
Longmont	CO 80502-1659	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Longmont United Hospital	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms Stephanie Doughty	I	Date of Receipt
Mailing Address 1024 South Lemay	Avenue	09 09 2009
City	State Zip Code	Transaction ID: 17513849
Fort Collins	CO 80524-3998	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Poudre Valley Health Syst- em	Occupation Chief Financial Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
	l)	1000.00

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 126 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using th	Statements may not be sold or used by any person e name and address of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Kenneth W Leisher		Date of Receipt
Mailing Address P O Box 429  City	State Zip Code	0 9 0 9 2 0 0 9 Transaction ID: 17513857
Salida	CO 81201-0429	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Heart of the Rockies Regi- onal Medical	Occupation Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Robert W Ladenburger		Date of Receipt
Mailing Address P O Box 1628		09 / 09 / 2009
City	State Zip Code	Transaction ID: 17513870
Grand Junction	CO 81502-1628	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer St. Mary's Hospital and Medical Center	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr John A DiAngelo		Date of Receipt
Mailing Address 105 Pancoast Place		0 9 1 1 2 0 0 9
City	State Zip Code	Transaction ID: 17517212
Mullica Hill	NJ 08062-4735	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer South Jersey Healthcare	Occupation Senior Vice President Finance and Chi	<b> </b> <del> </del> 
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional) .		1000.00
TOTAL This Period (last page this line numbe	<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 126 (check only one)    X	
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PAG	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions	
Full Name (Last, First, Middle Initial)  Mr. Sean J. Hopkins  Mailing Address 6180 Lower Mounta			Date of Receipt	
City New Hope  FEC ID number of contributing federal political committee.	State PA	Zip Code 18938-5760	Transaction ID: 17517219  Amount of Each Receipt this Period  5.00	
Name of Employer New Jersey Hospital Association Receipt For:  □ Primary □ General Other (specify) ▼	Occupation Sr. VP., I	n Health Economics e Year-to-Date ▼		
Full Name (Last, First, Middle Initial) Mr. Fredrick J. Jacobs Mailing Address 23 E. Delaware Ave	,			
City Pennington  FEC ID number of contributing federal political committee.	State NJ	Zip Code 08534-2302	Transaction ID: 17517220  Amount of Each Receipt this Period  5.00	
Name of Employer New Jersey Hospital Association Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation General Aggregate			
Full Name (Last, First, Middle Initial) Mr. Chester B Kaletkowski Mailing Address 23 Winding Way	I		Date of Receipt	
City  Mullica Hill  FEC ID number of contributing federal political committee.	State NJ	Zip Code 08062-2511	Transaction ID: 17517223  Amount of Each Receipt this Period  500.00	
Name of Employer South Jersey Healthcare  Receipt For:  Primary General  Other (specify) ▼		n t and Chief Executive Officer e Year-to-Date  500.00		
SUBTOTAL of Receipts This Page (optional	al)		510.00	

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	fc	se separate schedule(s) or each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 25 / 126 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Ai	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may not an and address	be sold or used by any person of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
۷.	Full Name (Last, First, Middle Initial) Mr. Richard Petersen			Date of Receipt
	Mailing Address 120 Fickett Street  City	State	Zip Code	0 9 1 1 2 0 0 9 Transaction ID: 17517243
	South Portland	ME	04106-6874	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Maine Medical Center	Occupation Chief Operati	ing Officer	
	Receipt For: Primary General Other (specify)	Aggregate Yea	r-to-Date ▼ 250.00	
. –	Full Name (Last, First, Middle Initial) Ms. Nancy Steiger	1		Date of Receipt
	Mailing Address 2543 Mt. Baker Highway			09 14 2009
	City		Zip Code	Transaction ID: 17523927
	Bellingham	WA	98226-9566	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer St. Joseph Hospital	Occupation Chief Executi	ve Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Mr. Stephen R. Griffin	1		Date of Receipt
	Mailing Address 600 Wood Pond Road			09 14 2009
	City		Zip Code	Transaction ID: 17523928
	Cheshire	СТ	06410-4341	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Saint Mary's Hospital	Occupation Trustee		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 250.00	
\[	SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 126 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Wallace J Davies Mailing Address 800 North Fant Stree	et State Zip Code	Date of Receipt    M M M
Anderson  FEC ID number of contributing federal political committee.	SC 29621-5708	Amount of Each Receipt this Period 750.00
Name of Employer AnMed Health  Receipt For:  Primary General  Other (specify) ▼	Occupation Medical Director/Emergency Services Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Mr. Edmond R. Jordan Mailing Address 201 Graylyn Drive		Date of Receipt  0 9 1 6 2 0 0 9
City Anderson  FEC ID number of contributing federal political committee.	State Zip Code SC 29621-1985	Transaction ID: 17528473  Amount of Each Receipt this Period  500.00
Name of Employer AnMed Health Medical Center  Receipt For:  Primary  General	Occupation Director of Urgent Care  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  Mr Bill T Manson  Mailing Address 800 N. Fant St.		Date of Receipt
City Anderson	State Zip Code SC 29621	Transaction ID: 17528474  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer AnMed Health Medical Cent-	Occupation Executive Vice President	250.00
er Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 126 (check only one)    X
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PAGE	nd Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Mr Jerry A Parrish  Mailing Address 107 Nottingham Co		Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Anderson	State Zip Code SC 29621	Transaction ID: 17528475  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer AnMed Health Medical Center  Receipt For:  Primary  General  Other (specify) ▼	Occupation Vice President  Aggregate Year-to-Date   250.00	
Full Name (Last, First, Middle Initial) Mr. Charles C. Thornton, Jr., CPA  Mailing Address 705 Westchester D	rive	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17528476
Anderson	SC 29621	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer AnMed Health Medical Cent- er	Occupation Trustee	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Jerry R. Youkey, MD	•	Date of Receipt
Mailing Address 701 Grove Road		09 16 2009
City	State Zip Code	Transaction ID: 17528520
Greenville  FEC ID number of contributing federal political committee.	SC 29605-5611	Amount of Each Receipt this Period  250.00
Name of Employer Greenville Hospital System	Occupation VP, Medical/Academic Services	
Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	al)	750.00

Receipt For:  Primary  Other (specify)   Full Name (Last, First, Middle Initial)  Ms. Jeanne L Ward  Mailing Address 298 Memorial Drive  City  Seneca  FEC ID number of contributing federal political committee.  Name of Employer Oconee Memorial Hospital  Receipt For:  Primary  General  Other (specify)   Full Name (Last, First, Middle Initial)	Zip Code 29325-0976	Date of Receipt  Date of Receipt  Transaction ID: 17528522  Amount of Each Receipt this Period  Date of Receipt  Date of Rece
Mr. Richard E D'Alberto, , FACHE  Mailing Address P O Box 976  City State Clinton SC  FEC ID number of contributing federal political committee.  Name of Employer Laurens County Healthcare System Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Jeanne L Ward Mailing Address 298 Memorial Drive  City State Seneca SC  FEC ID number of contributing federal political committee.  Name of Employer Oconee Memorial Hospital  Receipt For: Primary General Other (specify) ▼  Cupate Chief E  State Sc  FEC ID number of contributing federal political committee.  Name of Employer Oconee Memorial Hospital  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)	29325-0976  on Recutive Officer te Year-to-Date ▼  250.00  Zip Code	Transaction ID: 17528521  Amount of Each Receipt this Period  Date of Receipt  M M M D D D 2009  Transaction ID: 17528522  Amount of Each Receipt this Period
Clinton  FEC ID number of contributing federal political committee.  Name of Employer Laurens County Healthcare System  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Ms. Jeanne L Ward  Mailing Address 298 Memorial Drive  City State Seneca  FEC ID number of contributing federal political committee.  Name of Employer Oconee Memorial Hospital  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)	29325-0976  on Recutive Officer te Year-to-Date ▼  250.00  Zip Code	Date of Receipt  Date of Receipt  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Laurens County Healthcare System  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Jeanne L Ward Mailing Address 298 Memorial Drive  City Seneca FEC ID number of contributing federal political committee.  Name of Employer Oconee Memorial Hospital  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)	xecutive Officer te Year-to-Date ▼  250.00  Zip Code	Transaction ID: 17528522  Amount of Each Receipt this Period
Ms. Jeanne L Ward  Mailing Address 298 Memorial Drive  City State Seneca SC  FEC ID number of contributing federal political committee.  Name of Employer Oconee Memorial Hospital  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)		Transaction ID: 17528522  Amount of Each Receipt this Period
Seneca  SC  FEC ID number of contributing federal political committee.  Name of Employer Oconee Memorial Hospital  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)		Transaction ID: 17528522  Amount of Each Receipt this Period
Name of Employer Oconee Memorial Hospital  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)		
	on nt and Chief Executive Office te Year-to-Date  500.00	
Mr. Douglas Bowling  Mailing Address 2509 Watercrest Lane		Date of Receipt  0 9 1 6 2 0 0 9
City State  Johns Island SC  FEC ID number of contributing federal political committee.	Zip Code 29455-3108	Transaction ID: 17528523  Amount of Each Receipt this Period  500.00
	on esident of System Developme te Year-to-Date ▼ 500.00	ent
SUBTOTAL of Receipts This Page (optional)		1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 126 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	nd Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association PA	C	
Full Name (Last, First, Middle Initial)  Ms. Ellen Jackson Brown		Date of Receipt
Mailing Address 316 Calhoun Stree		09 16 2009
City <u>Charleston</u>	State Zip Code SC 29401-1113	Transaction ID: 17528524  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Roper Hospital	Occupation VP, Managed Care & Physician Servio	ces
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  Mr. Allen P Carroll		Date of Receipt
Mailing Address 2095 Henry Teckle	nburg Drive	09 16 2009
City Charleston	State Zip Code SC 29414-5733	Transaction ID: 17528592
FEC ID number of contributing federal political committee.	SC 29414-5733	Amount of Each Receipt this Period 500.00
Name of Employer Roper Hospital	Occupation Administrator	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. David L. Dunlap, FACHE		Date of Receipt
Mailing Address 125 Doughty Street Suite 760	t	09 / 16 / Y Y Y Y Y Y Y
City <u>Charleston</u>	State Zip Code SC 29403-5736	Transaction ID: 17528593  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer Roper St. Francis Healthc- are	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional	al)	1500.00
	aber only)	

[	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and St	for each can be be provided by the sold of	ate schedule(s) ategory of the ummary Page or used by any person	FOR LINE NUMBER: PAGE 30 / 126 (check only one)    X
	or for commercial purposes, other than using the  NAME OF COMMITTEE (In Full)  American Hospital Association PAC	name and address of any p	olitical committee to s	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) George T. Edwards  Mailing Address 787 Shell Island Circle			Date of Receipt
		Charles 7:- Conde		09 16 2009
	City <u>Charleston</u>	State Zip Code SC 29412	9	Transaction ID: 17528594  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Roper Hospital	Occupation Director of Legal Ser	vices	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	250.00	
- В.	Full Name (Last, First, Middle Initial) Rev Terence K Fleming			Date of Receipt
	Mailing Address PO Box 357			09 16 7 2009
	City	State Zip Code SC 29439-0		Transaction ID: 17528595
	Folly Beach  FEC ID number of contributing federal political committee.	SC 29439-0	357	Amount of Each Receipt this Period 250.00
	Name of Employer Roper Hospital	Occupation VP for Mission		-
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	250.00	
- C.	Full Name (Last, First, Middle Initial) Ms. Anita M Butler			Date of Receipt
	Mailing Address 389 Serpentine Drive			09 16 2009
	City	State Zip Code	9	Transaction ID: 17528596
	Spartanburg	SC 29303-3	074	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Spartanburg Regional Heal- thcare System	Occupation Chief Executive Office		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	500.00	
	SUBTOTAL of Receipts This Page (optional)		<b>.</b>	1000.00
l				

TOTAL This Period (last page this line number only) .....

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 126 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
A or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pere name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	American Hospital Association PAC		
٠.	Full Name (Last, First, Middle Initial)  Mr. David Church  Mailing Address 906 Old Wagon Road		Date of Receipt
			09 16 2009
	City Inman	State Zip Code SC 29349	Transaction ID: 17528599  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Spartanburg Regional Heal- thcare System	Occupation Dir., Business Ops & Marketing Hor	me Ca
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Susan Duggar	Date of Receipt	
	Mailing Address 487 N. Sweetwater Hi	lls Dr.	0 9 1 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 17528600
	Moore	SC 29369-8605	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Spartanburg Regional Heal-	Occupation VP, Nursing	
	thcare System Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify)	500.00	
	Full Name (Last, First, Middle Initial) Robert Flandry		Date of Receipt
	Mailing Address 487 N. Sweetwater Hi	0 9 1 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: 17528601
	Moore	SC 29369-8605	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Spartanburg Regional Heal- thcare System	Occupation VP/CMO	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
	CLIPTOTAL of Possista This Poss (entiand)		1500.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for ea	separate schedule(s) ach category of the led Summary Page	FOR LINE NUMBER: PAGE 32 / 126 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
A 0	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may not be sename and address of a	sold or used by any perso any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
<b>.</b> <b>\</b> .	Full Name (Last, First, Middle Initial) Mr. Judy Hamer			Date of Receipt
	Mailing Address 101 East Wood Street			09 16 2009
	City	·	Code	Transaction ID: 17528602
	Spartanburg FEC ID number of contributing	SC 293	303-3040	Amount of Each Receipt this Period 500.00
	federal political committee.			
	Name of Employer Spartanburg Regional Heal- thcare System	Occupation General Counse	I	
	Receipt For:	Aggregate Year-to-	Date ▼	
	Primary ☐ General Other (specify) ▼	0 0 0	500.00	
. –	Full Name (Last, First, Middle Initial) Ms. Sara B. Hammond	l		Date of Receipt
	Mailing Address 221 Huddersfield Drive	Э		0 9 1 6 2 0 0 9
	City	•	Code	Transaction ID: 17528603
	Simpsonville	SC 296	881-3703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Spartanburg Regional Heal- thcare System	Occupation Director, Contract	ctina	
	Receipt For:	Aggregate Year-to-		
	Primary General Other (specify) ▼		250.00	
 ).	Full Name (Last, First, Middle Initial) Ms. Mary Jane Jennings			Date of Receipt
	Mailing Address 210 Springlake Road			09 16 2009
	City	·	Code	Transaction ID: 17528609
	Gaffney	SC 293	340-5662	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Spartanburg Regional Heal- thcare System	Occupation Director, Medica	l Staff Services	
	Receipt For:	Aggregate Year-to-	Date ▼	
	Primary General Other (specify) ▼	0 0 0 0	500.00	
				1250.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 126 (check only one)    X
Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PA	and Statements may not be sold or used by any person gethe name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr Randall G Nyp Mailing Address 101 East Wood S  City Spartanburg  FEC ID number of contributing federal political committee.  Name of Employer Spartanburg Regional Healthcare System Receipt For: Primary General	State Zip Code SC 29303-3016  C  Occupation Senior Vice President and Chief Oper Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mr. Brent Rody, MD  Mailing Address 2447 Plumthicket	500.00 Ct.	Date of Receipt  0 9 1 6 2 0 0 9
City  Andover  FEC ID number of contributing federal political committee.  Name of Employer Via Christi Regional Medical Center  Receipt For:  Primary General  Other (specify) ▼	State Zip Code KS 67002-8827  C  Occupation VP, Medical Affairs  Aggregate Year-to-Date   500.00	Transaction ID: 17528611  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial) Ms. Renee Romberger Mailing Address 5 Kinglet Court  City Simpsonville  FEC ID number of contributing federal political committee.  Name of Employer Spartanburg Regional Healthcare System Receipt For: Primary General Other (specify)	State Zip Code SC 29681-7221  C  Occupation Vice President  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (option	nal)	1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 126 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PAG	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)  Mr. Raymond A. Shingler  Mailing Address 429 Carleton Circle	)		Date of Receipt
City Spartanburg FEC ID number of contributing	State SC	Zip Code 29301-1270	0 9 1 6 2 0 0 9  Transaction ID: 17528613  Amount of Each Receipt this Period  250.00
Name of Employer Spartanburg Regional Heal- thcare System Receipt For: Primary Other (specify)	Occupation Sr. Vice	n President Information Service Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Lori T. Winkles  Mailing Address 144 Hawk Creek Di	rive		Date of Receipt  0 9 1 6 2 0 0 9
City	State	Zip Code	Transaction ID: 17528615
Spartanburg  FEC ID number of contributing federal political committee.	SC	29301-1214	Amount of Each Receipt this Period  250.00
Name of Employer Spartanburg Regional Heal- thcare System Receipt For:  Primary General  Other (specify) ▼		of Rehab Wound Services  Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Mr. Jay Cox			
Mailing Address 129 North Washington Street			09 16 2009
City	State	Zip Code	Transaction ID: 17528616
Sumter  FEC ID number of contributing federal political committee.	SC	29150-4983	Amount of Each Receipt this Period 500.00
Name of Employer Tuomey Healthcare System	Occupation Presiden	n t and Chief Executive Office	<del>-</del>
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	al)		1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 126 (check only one)  X 11a 11b 11c 12 13 14 15 16 17	
or for commercial purposes, other than using t	d Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
Full Name (Last, First, Middle Initial)  Mr. Gregg Martin		Date of Receipt	
Mailing Address 2252 Rolling Hill Lar	ne	09 16 7 2009	
City <u>S</u> umter	State Zip Code SC 29150-1934	Transaction ID: 17528617	
FEC ID number of contributing federal political committee.	C 29130-1934	Amount of Each Receipt this Period 500.00	
Name of Employer Tuomey Healthcare System	Occupation Senior Vice President & COO		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) David Parks		Date of Receipt	
Mailing Address 107 Brandermill Roa	ad	09 16 2009	
City	State Zip Code	Transaction ID: 17528618	
Spartanburg  FEC ID number of contributing	SC 29301-1222	Amount of Each Receipt this Period	
federal political committee.	C	500.00	
Name of Employer Spartanburg Regional Heal- thcare System	Occupation  Executive Director		
Receipt For:	Aggregate Year-to-Date ▼	7	
Primary General  Other (specify) ▼	500.00		
Full Name (Last, First, Middle Initial) Doug Harrison	,		
Mailing Address 1574 Fiddlers Marsh	Mailing Address 1574 Fiddlers Marsh Drive		
City	State Zip Code	Transaction ID: 17528621	
Mt Pleasant	SC 29464-4286	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Roper Hospital	Occupation Vice President, Human Resources		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Page (optional)	·	1250.00	
TOTAL This Period (last page this line numb	·		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 126 (check only one)    X   11a
A	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Ms. Lisa Irvin		Date of Receipt
	Mailing Address 159 Harbour Watch W	'ay	09 16 2009
	City	State Zip Code	Transaction ID: 17528623
	Mount Pleasant	SC 29464-2827	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Roper Hospital	Occupation VP of Nursing	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
	Full Name (Last, First, Middle Initial) Mr Bret Johnson	<u> </u>	Date of Receipt
	Mailing Address 316 Calhoun Street		09 / 16 / 2009
	City	State Zip Code	Transaction ID: 17528624
	Charleston	SC 29401-1113	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Roper Hospital	Occupation Chief Financial Officer	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	500.00	
	Full Name (Last, First, Middle Initial) Mr. Matthew J Severance	Date of Receipt	
	Mailing Address 316 Calhoun Street		M M / D D / Y Y Y Y Y O D D / 2009
	City	State Zip Code	Transaction ID: 17528625
	Charleston	SC 29401-1113	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Roper Hospital	Occupation Chief Executive Officer	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
Г			1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 126 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Steven D Shapiro, , M.D.  Mailing Address 316 Calhoun Street  City Charleston  FEC ID number of contributing federal political committee.  Name of Employer Roper Hospital  Receipt For: Primary General Other (specify)	State Zip Code SC 29401-1113  C  Occupation Vice President for Medical Affairs  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) John Sullivan  Mailing Address 1722 Bellamy Circle  City Charleston  FEC ID number of contributing federal political committee.  Name of Employer Roper Hospital  Receipt For: Primary General Other (specify)	State Zip Code SC 29401-1125  C Occupation CEO, Mt. Pleasant Aggregate Year-to-Date  500.00	Date of Receipt  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Michael Taylor  Mailing Address 316 Calhoun Street  City Charleston  FEC ID number of contributing federal political committee.  Name of Employer Roper Hospital  Receipt For: Primary General Other (specify)	State Zip Code SC 29401-1125  C  Occupation Chief Information Officer  Aggregate Year-to-Date ▼  250.00	Date of Receipt  M M / D D D / Y Y Y Y Y  O 9 16 2009  Transaction ID: 17528670  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional)		1000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 126 (check only one)    X   11a
0	ny information copied from such Reports and S r for commercial purposes, other than using the	statements may not be sold or used by any persename and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
۷.	Full Name (Last, First, Middle Initial) Dr. Richard Foster, MD		Date of Receipt
	Mailing Address 1000 Center Point Roa		09 16 2009
	City Columbia	State Zip Code SC 29210-5802	Transaction ID: 17528673
	FEC ID number of contributing federal political committee.	SC 29210-5802	Amount of Each Receipt this Period 250.00
	Name of Employer South Carolina Hospital Association	Occupation Sr. Vice President	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Johannah Gage		Date of Receipt
	Mailing Address 1000 Cetner Point Roa	ad	09 16 YYYYY 2009
	City	State Zip Code	Transaction ID: 17528675
	Columbia	SC 29210-5802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	325.00
	Name of Employer South Carolina Hospital Association	Occupation  Director of WebBased Communicati	on <b>s</b>
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	325.00	
_	Full Name (Last, First, Middle Initial) Mr. J. Thornton Kirby		Date of Receipt
	Mailing Address 1000 Center Point Roa	ad	09 16 2009
	City	State Zip Code	Transaction ID: 17528678
	Columbia	SC 29210-5802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer South Carolina Hospital Association	Occupation President & CEO	
	Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
			1075.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 126 (check only one)    X
or for	nformation copied from such Reports and Si commercial purposes, other than using the AME OF COMMITTEE (In Full) merican Hospital Association PAC	tatements ma name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
M. <u>M</u> s	ull Name (Last, First, Middle Initial) s. Patti Smoake ailing Address 1000 Center Point Roa	ıd		Date of Receipt  0 9 1 6 2 0 0 9
Ci		State	Zip Code	Transaction ID: 17528682
FE	olumbia EC ID number of contributing deral political committee.	SC C	29210-5802	Amount of Each Receipt this Period 250.00
<u>As</u>	ame of Employer outh Carolina Hospital ssociation eceipt For:  Primary  Other (specify) ▼		n ic Relations e Year-to-Date ▼ 250.00	
M: M:	ull Name (Last, First, Middle Initial) r. Allan Stalvey ailing Address 900 Gregg Street			Date of Receipt
Ci	ty	State	Zip Code	0 9 1 6 2 0 0 9 Transaction ID: 17528683
<u>C</u>	olumbia	SC	29201-3913	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		650.00
Sc	ame of Employer outh Carolina Hospital ssociation	Occupatio Senior V	n ice President	
	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 650.00	
	ull Name (Last, First, Middle Initial) r. Ingo Angermeier, , FACHE			Date of Receipt
	ailing Address 101 East Wood Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ci		State	Zip Code	Transaction ID: 17528684
FE	partanburg EC ID number of contributing deral political committee.	SC C	29303-3016	Amount of Each Receipt this Period 500.00
<u>ca</u>	ame of Employer partanburg Regional Medi- al Center	Occupatio Presiden	n t and Chief Executive Office	r
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUB	TOTAL of Receipts This Page (optional)		<b>__</b>	1400.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 126 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may ne name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Mark Aycock  Mailing Address PO Box 1797			Date of Receipt
City Spartanburg	State SC	Zip Code 29304-1797	Transaction ID: 17528685  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Spartanburg Regional Heal- thcare System Receipt For:  Primary General Other (specify) ▼	Occupation Sr. VP/C Aggregate		
Full Name (Last, First, Middle Initial) James Bearden Mailing Address 1127 Woodburn Roa	ıd		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 17528686
Spartanburg	SC	29302-3435	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Spartanburg Régional Heal- thcare System Receipt For:  Primary General Other (specify) ▼		cal Research Percentage Year-to-Date  500.00	]
Full Name (Last, First, Middle Initial) Sheila Breitweiser			Date of Receipt
Mailing Address 695 Fairwinds Road			0 9 1 6 2 0 0 9
City	State	Zip Code	Transaction ID: 17528688
Landrum  FEC ID number of contributing federal political committee.	SC	29356-9077	Amount of Each Receipt this Period 500.00
Name of Employer Spartanburg Regional Heal- thcare System		Director Foundation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	1		1500.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 126 (check only one)    X   11a
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any p name and address of any political committe	erson for the purpose of soliciting contributions be to solicit contributions from such committee.
2	American Hospital Association PAC  Full Name (Last, First, Middle Initial)		
Α.	Mr. Robert M. D'Angel  Mailing Address 106 Birches Lane		Date of Receipt
	City	State Zip Code	0 9 1 8 2 0 0 9 Transaction ID: 17529143
	Bryn Mawr  FEC ID number of contributing federal political committee.	PA 19010-2229	Amount of Each Receipt this Period 250.00
	Name of Employer South Jersey Healthcare	Occupation General Counsel	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
- В.	Full Name (Last, First, Middle Initial) Mr. Sean J. Hopkins Mailing Address 6180 Lower Mountain	Road	Date of Receipt  0 9 1 8 2 0 0 9
	City	State Zip Code	Transaction ID: 17529152
	New Hope FEC ID number of contributing federal political committee.	PA 18938-5760	Amount of Each Receipt this Period 25.42
	Name of Employer New Jersey Hospital Assoc- iation	Occupation Sr. VP., Health Economics	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  278.78	•
- C.	Full Name (Last, First, Middle Initial) Mr. Fredrick J. Jacobs		Date of Receipt
	Mailing Address 23 E. Delaware Avenu	e	09 18 2009
	City Pennington	State Zip Code NJ 08534-2302	Transaction ID: 17529153  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	5.00
	Name of Employer New Jersey Hospital Assoc- iation Receipt For:	Occupation General Counsel  Aggregate Year-to-Date	
	Primary General Other (specify) ▼	345.00	
	SUBTOTAL of Receipts This Page (optional)		280.42
T	TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 126 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Marc H Lory Mailing Address 20 Farmingham Road  City Ocean  FEC ID number of contributing federal political committee.  Name of Employer Meridian Health  Receipt For: Primary General Other (specify)	State Zip Code NJ 07712-7920  C  Occupation Executive Vice President  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Melinda Estes, , M.D.  Mailing Address 111 Colchester Avenue  City Burlington  FEC ID number of contributing federal political committee.  Name of Employer Fletcher Allen Health Care  Receipt For:  Primary General Other (specify)	State Zip Code VT 05401-1473  C  Occupation President and Chief Executive Office  Aggregate Year-to-Date  1000.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Melvyn Patashnick  Mailing Address 528 Washington Highv  City Morrisville  FEC ID number of contributing federal political committee.  Name of Employer Copley Hospital  Receipt For: Primary General Other (specify)	vay  State Zip Code VT 05661-8973  C  Occupation President and Chief Executive Office  Aggregate Year-to-Date ▼  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 126 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any persole name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Marie Beatrice Grause, RN, JD  Mailing Address 1580 North Street  City  Montpelier  FEC ID number of contributing federal political committee.  Name of Employer Vermont Association of Hospitals & Hea  Receipt For:  Primary General  Other (specify)	State Zip Code VT 05602-2997  C Occupation President Aggregate Year-to-Date  1000.00	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Thomas W Huebner  Mailing Address 160 Allen Street  City Rutland  FEC ID number of contributing federal political committee.  Name of Employer Rutland Regional Medical Center  Receipt For: Primary General Other (specify)	State Zip Code VT 05701-4560  C  Occupation President and Chief Executive Officer Aggregate Year-to-Date  350.00	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ms. Mary Ann Clemens  Mailing Address 1125 Oak Avenue  City  Evanston  FEC ID number of contributing federal political committee.  Name of Employer Advocate Health Care  Receipt For:  Primary General Other (specify)	State Zip Code IL 60202-4240  C  Occupation Vice President, Medical Education  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		1600.00

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 126 (check only one)    X   11a
Any information copied from s or for commercial purposes, of NAME OF COMMITTEE (American Hospital Ass	ther than using the name and a In Full)	ay not be sold or used by any perso ddress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Mid Ms. Meghan K. Clune Mailing Address 2025 V  City Oak Brook	,	Zip Code 60523-1586	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributed rederal political committee.  Name of Employer Advocate Health Care  Receipt For:  Primary  Other (specify)	Occupat Vice Pr	ion esident, Government Relation tte Year-to-Date ▼ 250.00	250.00
Full Name (Last, First, Mid Mr. James Dan Mailing Address 511 Fc City  Oak Brook  FEC ID number of contributederal political committee.  Name of Employer Advocate Health Care  Receipt For:  Primary Gerother (specify)	State IL Occupat Adminis		Date of Receipt  M M M / D D / Y Y Y Y Y  O 9 1 6 2 0 0 9  Transaction ID: 17529229  Amount of Each Receipt this Period  800.00
City Oak Park  FEC ID number of contributederal political committee.  Name of Employer Rush Oak Park Hospital  Receipt For:	State IL Occupat Preside	Zip Code 60304-1097  ion ent and Chief Executive Office tte Year-to-Date ▼ 250.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This	s Page (optional)		1300.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 126 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Dr. William Gorski, M.D.		Date of Receipt
Mailing Address 1400 Charles Street		09 16 2009
City Rockford	State Zip Code  IL 61104-2224	Transaction ID: 17529232  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer SwedishAmerican Hospital	Occupation Chief Financial Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Mr. James P. Hill		Date of Receipt
Mailing Address 7435 West Talcott A	venue	09 16 2009
City	State Zip Code	Transaction ID: 17529233
Chicago	IL 60631-3717	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Resurrection Medical Cent- er	Occupation Senior Vice President Human Resour	C <b>⊕</b> S
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Mr. Richard S Kowalski	1	Date of Receipt
Mailing Address 3333 North Seminar	y Street	09 16 2009
City	State Zip Code	Transaction ID: 17529234
Galesburg  FEC ID number of contributing federal political committee.	IL 61401-1299	Amount of Each Receipt this Period  800.00
Name of Employer OSF St. Mary Medical Cent- er	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional	)	2100.00
TOTAL This Period (last page this line numb	·	

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 126 (check only one)    X
or for comm	ercial purposes, other than using the F COMMITTEE (In Full)	tatements may name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	an Hospital Association PAC			
Ms. Karer	e (Last, First, Middle Initial) n A Lambert			Date of Receipt
	ddress 450 West Highway 22			09 16 2009
City Barring	ton	State IL	Zip Code 60010-1919	Transaction ID: 17529235  Amount of Each Receipt this Period
FEC ID r	number of contributing olitical committee.	С		250.00
Name of Advocate spital	Employer e Good Shepherd Ho-	Occupation Presiden		
Receipt F	For: mary General ner (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Nam Mr. Curt I	e (Last, First, Middle Initial) .ipe			Date of Receipt
Mailing A	ddress 3333 North Seminary S	Street		0 9 1 6 2 0 0 9
City		State	Zip Code	Transaction ID: 17529236
<u>Galesb</u>	<del>- •</del>	<u>IL</u>	61401-1299	Amount of Each Receipt this Period
	number of contributing olitical committee.	C		125.00
Name of OSF St. er	Employer Mary Medical Cent-	Occupation Chief Fin	n nancial Officer	
Receipt F		Aggregate	e Year-to-Date ▼	
	mary General ner (specify) <b>▼</b>	0 0	250.00	
	e (Last, First, Middle Initial) Merrell, , FACHE			Date of Receipt
Mailing A	ddress 400 North Pleasant			09 16 2009
City		State	Zip Code	Transaction ID: 17529237
	number of contributing olitical committee.	C	62801	Amount of Each Receipt this Period 800.00
Name of St. Mary	Employer s Hospital	Occupation Presiden		
	For: mary General ner (specify) ▼		e Year-to-Date ▼ 800.00	
QUIDTOTA	L of Receipts This Page (optional)	l		1175.00

SCHEDULE A (F ITEMIZED RECE	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 126 (check only one)    X
or for commercial purpose	s, other than using the name and a	ay not be sold or used by any pers ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTE  American Hospital	,		
Full Name (Last, First, Mr. Robert Rosenberger			Date of Receipt
Mailing Address 32 F		7:01	09 16 2009
City Naperville	State IL	Zip Code 60565-6347	Transaction ID: 17529240  Amount of Each Receipt this Period
FEC ID number of cont federal political committee	ributing	00000 0047	250.00
Name of Employer Centegra Hospital - Wo tock	oods- Occupat Chief F	ion inancial Officer	
Receipt For: Primary Other (specify)	General	tte Year-to-Date ▼ 250.00	
Full Name (Last, First, Michael Russo	<u> </u>		Date of Receipt
Mailing Address 170	6 Seminole Lane		0 9 1 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 17529241
Godfrey	<u>IL</u>	62035-1500	Amount of Each Receipt this Period
FEC ID number of cont federal political committ	ee.		250.00
Name of Employer Saint Anthony's Health nter	Ce- Occupat Manage		
Receipt For:		te Year-to-Date ▼	
Primary Other (specify)	General	250.00	
Full Name (Last, First, Dr. Lee Sacks	Middle Initial)		Date of Receipt
Mailing Address 202	5 Windsor Drive		0 9 1 6 2 0 0 9
City	State	Zip Code	Transaction ID: 17529242
Oak Brook FEC ID number of cont	ributing	60523-1586	Amount of Each Receipt this Period 800.00
federal political committ	ributing ee.		800.00
Name of Employer Advocate Health Care		ve Vice President and Chief N	Леф
Receipt For:  Primary  Other (specify) ▼	General	tte Year-to-Date ▼ 800.00	
SUBTOTAL of Receipts	This Page (optional)		1300.00
	page this line number only)	<del>.</del>	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 126 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	American Hospital Association PAC		
۸.	Full Name (Last, First, Middle Initial) Mr William P Santulli		Date of Receipt
	Mailing Address 2025 Windsor Drive		09 16 2009
	City Oak Brook	State Zip Code IL 60523-1586	Transaction ID: 17529243  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	800.00
	Name of Employer Advocate Health Care	Occupation Executive Vice President and Chief O	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
 3.	Full Name (Last, First, Middle Initial) Mr. Anthony Caprio	I	Date of Receipt
	Mailing Address 6 Cottage Lane		09 18 2009
	City	State Zip Code	Transaction ID: 17529438
	Marlboro FEC ID number of contributing federal political committee.	NJ 07746-2123	Amount of Each Receipt this Period  250.00
	Name of Employer CentraState Healthcare Sy- stem	Occupation Chairman	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
- :.	Full Name (Last, First, Middle Initial) Mr. Barry G Beeman		Date of Receipt
	Mailing Address 17 Belmont Avenue		0 9 1 8 2 0 0 9
	City	State Zip Code	Transaction ID: 17529440
	Brattleboro FEC ID number of contributing federal political committee.	VT 05301-6613	Amount of Each Receipt this Period  350.00
	Name of Employer Brattleboro Memorial Hosp- ital	Occupation President and Chief Executive Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional)		1400.00
	TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 126 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Daniel W. Griess Mailing Address 744 West 16th Stree	t	Date of Receipt  0 9 1 8 2 0 0 9
City Alliance FEC ID number of contributing	State Zip Code NE 69301-2214	Transaction ID: 17530074  Amount of Each Receipt this Period  500.00
Receipt For:  Primary  General  General	Occupation Chief Executive Officer  Aggregate Year-to-Date ▼	300.00
Full Name (Last, First, Middle Initial) Mr. Joe Duerr  Mailing Address 501 14th Street		Date of Receipt  0 9 2 1 2 0 0 9
City Perry  FEC ID number of contributing federal political committee.	State Zip Code OK 73077-5099	Transaction ID: 17532681  Amount of Each Receipt this Period  250.00
Name of Employer Perry Memorial Hospital  Receipt For:  Primary General  Other (specify) ▼	Occupation Chief Executive Officer  Aggregate Year-to-Date ▼  500.00	]
Full Name (Last, First, Middle Initial) Ms. Debbie Howe Mailing Address Post Office Box 489		Date of Receipt
City Okeene FEC ID number of contributing federal political committee.	State Zip Code OK 73763-0489	Transaction ID: 17532697  Amount of Each Receipt this Period  500.00
Name of Employer Weatherford Regional Hosp- ital Receipt For:  Primary  General  Other (specify) ▼	Occupation Chief Executive Officer  Aggregate Year-to-Date ▼  500.00	
SUBTOTAL of Receipts This Page (optional)		1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 126 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any perse name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. David E. Morton, Dr. P.H., Mailing Address 2825 Natchez Trail  City Edmond  FEC ID number of contributing federal political committee.  Name of Employer American Hospital Association-Chicago	State Zip Code OK 73012-3622  C Occupation Regional Executive	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Mr. Brian K Woodliff  Mailing Address P O Box 1008		Date of Receipt  0 9 2 1 2 0 0 9
City	State Zip Code	Transaction ID: 17532720
<u>Tahlequah</u>	OK 74465-1008	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Tahlequah City Hospital	Occupation Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Deborah C. Joelson		Date of Receipt
Mailing Address 800 Washington Street	et, #451	09 21 2009
City	State Zip Code	Transaction ID: 17533490
Boston	MA 02111-1552	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Tufts Medical Center	Occupation Sr VP/Market Development and Plar	nning
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
		1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 126 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PAC	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. E Jerry E Jurena Mailing Address 1622 E. Interstate A Suite B	venue		Date of Receipt  0 9 2 1 2 0 0 9
City Bismarck  EEC ID number of contributing	State ND	Zip Code 58503-0561	Transaction ID: 17533492  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer North Dakota Healthcare	Occupatio Presiden		350.00
Association Receipt For:  Primary General  Other (specify) ▼	<del>-                                     </del>	e Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms. Mary C. Becker  Mailing Address 7800 South Eagle F	Road		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 17533496
<u>Columbia</u> MO		65203-9017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		43.75
Name of Employer Missouri Hospital Associa- tion	_ '	P, Commc. & Health Improv	entent
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 306.25	
Full Name (Last, First, Middle Initial) Mr. Daniel R. Landon	•		Date of Receipt
Mailing Address 611 Belridge Drive P.O. Box 60			09 / 18 / 2009
City	State	Zip Code	Transaction ID: 17533502
Jefferson City FEC ID number of contributing federal political committee.	C	65109-0755	Amount of Each Receipt this Period 62.50
Name of Employer Missouri Hospital Associa- tion Receipt For:	<del>'</del>	President, Governmental Re	lat
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 437.50	
SUBTOTAL of Receipts This Page (optional	<u> </u>		456.25

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 126 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any persor name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial)  Ms. Kathleen C. Poff  Mailing Address 5119 Coventry Waye		Date of Receipt
City	State Zip Code	0 9 1 8 2 0 0 9 Transaction ID: 17533506
Jefferson City	MO 65101-8284	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	43.75
Name of Employer Missouri Hospital Associa- tion	Occupation Senior Vice President & CFO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 306.25	
Full Name (Last, First, Middle Initial) Mr. Jerry M. Sill, J.D. Mailing Address - COOC Valley View Target		Date of Receipt
Mailing Address 2906 Valley View Terra		09 18 2009
City	State Zip Code	Transaction ID: 17533508
Jefferson City	MO 65109-1069	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	43.75
Name of Employer Missouri Hospital Associa- tion	Occupation Senior Vice President & General Cour	nse
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 306.25	
Full Name (Last, First, Middle Initial) Mr. Marc D. Smith		Date of Receipt
Mailing Address 5612 Tanner Bridge Ro	pad	09 18 2009
City	State Zip Code	Transaction ID: 17533509
Jefferson City	MO 65101-8275	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Missouri Hospital Associa- tion	Occupation President and CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	875.00	
SUBTOTAL of Receipts This Page (optional)		212.50
TOTAL This Period (last page this line number of		

ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 126 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  American Hospital Association PAC	he name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr Mark L Goldstein Mailing Address 25 Highland Avenue			Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  Newburyport  FEC ID number of contributing federal political committee.	State MA	Zip Code 01950-3867	Transaction ID: 17534276  Amount of Each Receipt this Period  250.00
Name of Employer Anna Jaques Hospital  Receipt For:  Primary  General  Other (specify) ▼		nancial Officer e Year-to-Date  250.00	
Full Name (Last, First, Middle Initial) Ms. Delia O'Connor  Mailing Address 25 Highland Avenue			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Newburyport  FEC ID number of contributing federal political committee.	State MA	Zip Code 01950-3867	Transaction ID: 17534277  Amount of Each Receipt this Period  750.00
Name of Employer Anna Jaques Hospital  Receipt For:  Primary General  Other (specify) ▼		n ecutive Officer e Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Mr. Patrick L Muldoon, , CHE Mailing Address 60 Hospital Road			Date of Receipt
City <u>Leominster</u> FEC ID number of contributing federal political committee.	State MA	Zip Code 01453-2205	Transaction ID: 17534278  Amount of Each Receipt this Period  350.00
Name of Employer Health Alliance Hospitals  Receipt For:  Primary General Other (specify) ▼	<del>-                                    </del>	nt and Chief Executive Officer e Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)			1350.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.    NAME OF COMMITTEE (in Full)		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 126 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Full Name (Last, First, Middle Initial)  Ms. Elaine L. Bridge, R.N.  Malling Address 279 Willow Gate Rise  City Primary General Other (specify) ▼  Fell Name (Last, First, Middle Initial) Date of Receipt  City Plymouth  Fel D number of contributing rederal political committee.  City Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Harvey Kowaloff, M.D.  Maling Address 275 Sandwich Street  City Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  City Primary General Aggregate Year-to-Date President and Chief Executive Officer Aggregate Year-to-Date Primary General City Primary General Aggregate Year-to-Date Primary General Aggregate Year-to-Date Primary General Amount of Each Receipt Namount	7	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Second	4.	Ms. Elaine L. Bridge, R.N.  Mailing Address 279 Willow Gate Rise  City		·	0 9 2 2 2 2 0 0 9 Transaction ID: 17534279
Receipt For:     Primary		FEC ID number of contributing federal political committee.	C		
Date of Receipt  Mailing Address 275 Sandwich Street  City State Zip Code MA 02360-2183  FEC ID number of contributing federal political committee.  Name of Employer Jordan Hospitar  Fec ID number of contributing General City State Zip Code MA 02360-2183  Full Name (Last, First, Middle Initial)  Mr. Peter J Holden Mailing Address 275 Sandwich Street  City State Zip Code MA 02360-2183  Full Name (Last, First, Middle Initial)  Mr. Peter J Holden Mailing Address 275 Sandwich Street  City State Zip Code MA 02360-2183  Fec ID number of contributing federal political committee.  City State Zip Code MA 02360-2183  FEC ID number of contributing federal political committee.  City State Zip Code MA 02360-2183  Fec ID number of contributing federal political committee.  City State Zip Code MA 02360-2183  Fec ID number of contributing federal political committee.  City State Zip Code MA 02360-2183  Fec ID number of contributing federal political committee.  City State Zip Code MA 02360-2183  Fec ID number of contributing federal political committee.  City State Zip Code MA 02360-2183  Fec ID number of contributing federal political committee.  City State Zip Code MA 02360-2183  Fec ID number of contributing federal political committee.  City State Zip Code MA 02360-2183  Fec ID number of contributing federal political committee.  City State Zip Code MA 02360-2183  Amount of Each Receipt this Period Mailing Mai		Receipt For: Primary General	Sr. VP, F	Patient Care e Year-to-Date ▼	
City State Zip Code MA 02360-2183  FEC ID number of contributing federal political committee.    Name of Employer Jordan Hospital   Occupation Vice President Medical Affairs	- В.	Dr Harvey Kowaloff, , M.D.			M M / D D / Y Y Y Y
Name of Employer Jordan Hospital  Receipt For:		Plymouth  FEC ID number of contributing	MA	•	Transaction ID: 17534294  Amount of Each Receipt this Period
Primary General Other (specify) ▼    Date of Receipt		Name of Employer	Occupatio		
Mailing Address 275 Sandwich Street  City State Zip Code Plymouth MA 02360-2183  FEC ID number of contributing federal political committee.  Name of Employer Jordan Hospital  Receipt For: Primary General Other (specify) ▼  Date of Receipt  M M M O 9		Primary General	Aggregate	1 1 1 1 1 1 1	
City State Zip Code MA 02360-2183  FEC ID number of contributing federal political committee.  Name of Employer Jordan Hospital  Primary General Other (specify) ▼  State Zip Code MA 02360-2183  C Amount of Each Receipt this Period  350.00  Transaction ID: 17534295  Amount of Each Receipt this Period  350.00	- ).	Mr. Peter J Holden			M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Jordan Hospital  President and Chief Executive Officer  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  350.00				•	Transaction ID: 17534295
Receipt For:  Primary  Other (specify)   Other (specify)   Aggregate Year-to-Date   350.00		FEC ID number of contributing			
Primary General Other (specify) ▼ 350.00		Name of Employer Jordan Hospital			 r
SUBTOTAL of Receipts This Page (optional)		Primary General	Aggregate		
COSTOTAL OF TOCORDO THIS Tags (optional)		SUBTOTAL of Receipts This Page (optional)			850.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>.</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 55 / 126   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr. Joseph R. Ruggles			Date of Receipt
Mailing Address 1780 Buck Creek La	ane		M M / D D / Y Y Y Y Y O O O O
City Springfield	State OH	Zip Code 45502-8800	Transaction ID: 17539926  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Ohio Hospital Association	Occupatio Vice Pres	n sident, Member Developmer	nt
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Thomas G. Breitenbach			Date of Receipt
Mailing Address 250 Southview Road	d		0 9 2 4 Y Y Y Y Y
City Dayton	State OH	Zip Code 45419-3326	Transaction ID: 17539929
FEC ID number of contributing federal political committee.	C	43419-3320	Amount of Each Receipt this Period  250.00
Name of Employer Premier Health Partners	Occupatio Presiden	n t and CEO	
Receipt For:  Primary General  Other (specify) ▼	<del>-   '</del>	e Year-to-Date ▼ 250.00	]
Full Name (Last, First, Middle Initial) Dr. Daniel Hood, MD.			Date of Receipt
Mailing Address 6845 Penridge Drive	е		09 24 2009
City Centerville	State OH	Zip Code 45459-6604	Transaction ID: 17539992
FEC ID number of contributing federal political committee.	C	43439-0004	Amount of Each Receipt this Period 250.00
Name of Employer Miami Valley Hospital	Occupatio Medical		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	])		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 126 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Kenneth Hanover  Mailing Address 3200 Burnet Avenue  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Health Alliance of Greater Cincinnati Receipt For: Primary General Other (specify)	State Zip Code OH 45229-3019  C  Occupation President and Chief Executive Office Aggregate Year-to-Date  500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mrs. Lynn M Oswald, , FACHE Mailing Address 630 Eaton Avenue  City Hamilton  FEC ID number of contributing federal political committee.	State Zip Code OH 45013-2767  C	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Fort Hamilton Hospital  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)	Senior Vice President  Aggregate Year-to-Date ▼  250.00	]
Ms. Patricia A Ruflin  Mailing Address 7007 Powers Boulevar  City  Parma	d State Zip Code OH 44129-5437	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Parma Community General Hospital Receipt For:  □ Primary □ General Other (specify) ▼	Occupation President and Chief Executive Office Aggregate Year-to-Date  250.00	250.00 r
SUBTOTAL of Receipts This Page (optional)		1000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 126 (check only one)    X   11a
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may not be sold or used by any pers name and address of any political committee t	oon for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
<b>A</b> .	Full Name (Last, First, Middle Initial) Mr. James R Pancoast		Date of Receipt
	Mailing Address 2222 Philadelphia Driv		09 / 24 / 2009
	City Dayton	State Zip Code OH 45406-1813	Transaction ID: 17543031
	FEC ID number of contributing federal political committee.	C 43406-1613	Amount of Each Receipt this Period  250.00
	Name of Employer Good Samaritan Hospital	Occupation President and Chief Executive Office	er
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
 3.	Full Name (Last, First, Middle Initial) Ms Nina Wardrip		Date of Receipt
	Mailing Address 2805 Chestnut Ridge F	09 25 2009	
	City	State Zip Code	Transaction ID: 17545044
	Louisville	KY 40245-5307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	600.00
	Name of Employer Baptist Hospital East	Occupation Lab Director	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General  Other (specify) ▼	600.00	
— C.	Full Name (Last, First, Middle Initial) Mr. Terry Peeples		Date of Receipt
	Mailing Address P O Box 2400		09 25 2009
	City	State Zip Code	Transaction ID: 17545046
	Hopkinsville	KY 42241-2400	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Jennie Stuart Medical Cen- ter	Occupation Chief Executive Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
s	SUBTOTAL of Receipts This Page (optional)		1850.00
	OTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 126 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. James H Taylor, , FACHE		Date of Receipt
Mailing Address 530 South Jackson S	reet	09 25 2009
City	State Zip Code	Transaction ID: 17545048
Louisville	KY 40202-1675	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer University of Louisville Hospital	Occupation President and Chief Executive Office	per
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Ms. Jennifer Armstrong Gay	1	Date of Receipt
Mailing Address 10702 Benning Way		09 28 2009
City	State Zip Code	Transaction ID: 17547075
Spotsylvania	VA 22551-4670	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Director Communication Strategies	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Mr. William D Petasnick	l	Date of Receipt
Mailing Address 1848 Hidden Reserve	Court	09 25 2009
City	State Zip Code	Transaction ID: 17547395
Mequon	WI 53092-5566	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Froedtert Memorial Luther- an Hospital	Occupation President and Chief Executive Office	cer
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
CURTOTAL of Possints This Page (antional)		2350.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 126 (check only one)    X
7	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>∠</b> <b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Daniel McInerney, Jr.  Mailing Address 150 South Fifth Street Suite 2300  City Minneapolis  FEC ID number of contributing	State MN	Zip Code 55402-4200	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Leonard, Street & Deinard, PA Receipt For:  Primary General Other (specify) ▼	Occupation Chair, H	ealth Law Department e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial)  Mr. David K Wessner  Mailing Address 6500 Excelsior Bouleva	ard		Date of Receipt  0 9 2 5 2 0 0 9
	City	State	Zip Code	Transaction ID: 17547404
	Saint Louis Park	MN	55426-4702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Park Nicollet Health Serv- ices	Occupation Presider	on It and Chief Executive Office	r
	Receipt For:  Primary General  Other (specify) ♥	Aggregate	e Year-to-Date ▼ 500.00	
- ).	Full Name (Last, First, Middle Initial) Mr. Duane Francis			Date of Receipt
	Mailing Address 1700 East 19th Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 17549708
	The Dalles	OR	97058-3317	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Mid-Columbia Medical Cent- er	Occupation Presider		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00
}	TOTAL This Period (last page this line number of			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each o	rate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 60 / 126 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold name and address of any r	or used by any person	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr Kent L. Brown			Date of Receipt
Mailing Address 3894 Cherry Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Cod	le	Transaction ID: 17549709
Medford	OR 97504-8	8332	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		252.00
Name of Employer Rogue Valley Medical Cent-	Occupation Chief Operating Offi	icer	
Receipt For:	Aggregate Year-to-Date		1
Primary General Other (specify) ▼		252.00	
Full Name (Last, First, Middle Initial) Mr. Larry A Mullins, FACHE	1		Date of Receipt
Mailing Address P O Box 1068			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Cod	le	Transaction ID: 17549710
Corvallis	OR 97339-	1068	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		473.00
Name of Employer Samaritan Health Services	Occupation President and Chief	Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	473.00	
Full Name (Last, First, Middle Initial) Ms. Robin Moody			Date of Receipt
Mailing Address 4000 Kruse Way Plac Building 2, Suite 100	)		09 28 2009
City	State Zip Cod		Transaction ID: 17549711
Lake Oswego	OR 97035-	5545	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		235.00
Name of Employer Oregon Association of Hos- pitals & Heal	Occupation Director of Public Po	olicy	
Receipt For:	Aggregate Year-to-Date	e ▼	
Primary General Other (specify) ▼	0 0 0 0	235.00	
	I.		960.00

TOTAL This Period (last page this line number only) .....

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 126 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	tatements may name and ado	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial)  Mr. David G Triebes  Mailing Address 1046 West Sixth Avenu	ue		Date of Receipt
	City Albany	State OR	Zip Code 97321-1916	Transaction ID: 17549712  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		361.00
	Name of Employer Samaritan Albany General Hospital Receipt For:  Primary  General  Other (specify) ▼		ecutive Officer Year-to-Date   361.00	
3.	Full Name (Last, First, Middle Initial) Mr. Norman F Gruber Mailing Address 4768 Circuit Rider Land	e		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 17549715
	<u>Salem</u>	OR	97302-9798	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		304.00
	Name of Employer Salem Hospital	Occupation President	n t and Chief Executive Office	r
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 304.00	
- ;.	Full Name (Last, First, Middle Initial) Mr. Alan R Yordy			Date of Receipt
	Mailing Address 14432 SE Eastgate Wa	ay, Ste 300		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Bellevue	State WA	Zip Code 98007-6493	Transaction ID: 17549716  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	3337 0.05	750.00
	Name of Employer PeaceHealth	Occupation President	n t and Chief Executive Office	
	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 750.00	
	SUBTOTAL of Receipts This Page (optional)	ı		1415.00
Ī	TOTAL This Period (last page this line number	only)		

Any inf or for c			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11
	formation copied from such Reports and St commercial purposes, other than using the	atements may	/ not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	ME OF COMMITTEE (In Full) nerican Hospital Association PAC			
	Name (Last, First, Middle Initial) James A. Diegel			Date of Receipt
	ling Address 2500 Northeast Neff Ro	oad		09 / 28 / 2009
City		State OR	Zip Code	Transaction ID: 17549717
	CID number of contributing eral political committee.	C	97701-6015	Amount of Each Receipt this Period 250.00
	me of Employer scade Healthcare Commun-	Occupation		
ity		_	t and CEO	
Hed	ceipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	Name (Last, First, Middle Initial) Elaine Dunda			Date of Receipt
Mai 	lling Address 3394 Hampton Way			09 / 28 / 2009
City		State	Zip Code	Transaction ID: 17549718
	gene	OR	97401-7085	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		250.00
<u>er</u>	me of Employer cred Heart Medical Cent-	Occupation Vice Pres	n sident Quality Improvement	
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]
	Name (Last, First, Middle Initial) David T Underriner			Date of Receipt
Mai	ling Address 2690 Surrey Lane			09 28 2009
City		State	Zip Code	Transaction ID: 17549719
FEC	est Linn  C ID number of contributing eral political committee.	OR	97068-2268	Amount of Each Receipt this Period 500.00
Nan Pro	me of Employer vidence Milwaukie Hosp-	Occupation	n dministrator	
<u>ital</u> Rec	ceipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 500.00	
SUBT	OTAL of Receipts This Page (optional)		<b>)</b>	1000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 126 (check only one)    X   11a
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be sold or used by any pers name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Steve Gordon, MD  Mailing Address 1209 SE 60th Ave  City Portland  FEC ID number of contributing federal political committee.  Name of Employer PeaceHealth	State Zip Code OR 97215-2806  C Occupation VP/Chief Quality Officer	Date of Receipt    M M M
_	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial)  Mr. Dennis E Burke  Mailing Address 370 W Gettman Road		Date of Receipt  M M J D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City  Hermiston  FEC ID number of contributing federal political committee.	State         Zip Code           OR         97838-8456	Amount of Each Receipt this Period  250.00
	Name of Employer Good Shepherd Healthcare System Receipt For:  Primary General Other (specify) ▼	Occupation President  Aggregate Year-to-Date   250.00	
 ;.	Full Name (Last, First, Middle Initial) Ms. Nancy Formella Mailing Address One Medical Center Dr	ive	Date of Receipt
	City Lebanon	State Zip Code NH 03756-1000	Transaction ID: 17549868  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.  Name of Employer Dartmouth-Hitchcock Medical Center	Occupation President	350.00
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
s	UBTOTAL of Receipts This Page (optional)		850.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 126 (check only one)    X   11a
A	ny information copied from such Reports and Si for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may n name and addre	ot be sold or used by any perso ss of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Mr. Gregory J Walker Mailing Address 789 Central Avenue			Date of Receipt  0 9 28 2009
	City	State NH	Zip Code	Transaction ID: 17549873
	Dover  FEC ID number of contributing federal political committee.	C	03820-2526	Amount of Each Receipt this Period  250.00
	Name of Employer Wentworth-Douglass Hospit- al Receipt For:		utive Officer ear-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Ms. Claire L Bowen  Mailing Address 243 Elm Street			Date of Receipt  0 9 2 8 2 0 0 9
	City	State	Zip Code	Transaction ID: 17549874
	Claremont	NH	03743-2099	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Valley Regional Hospital	Occupation Chief Exec	utive Officer	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 350.00	
_	Full Name (Last, First, Middle Initial) Mr. Gary L Brewer			Date of Receipt
•	Mailing Address P O Box 1970			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 17549882
	Glenwood Springs	CO	81602-1970	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Valley View Hospital	Occupation Chief Exec	utive Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1100.00

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 126 (check only one)    X   11a
Any information for for comm	ation copied from such Reports and St nercial purposes, other than using the	tatements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	OF COMMITTEE (In Full) can Hospital Association PAC			
Mr. Kevi	ne (Last, First, Middle Initial) n L Unger, , FACHE			Date of Receipt
	Address 1024 South Lemay Ave	enue		09 28 2009
City <u>Fort Co</u>	alline	State CO	Zip Code 80524-3998	Transaction ID: 17549929
FEC ID	number of contributing political committee.	C	00324-3990	Amount of Each Receipt this Period  250.00
Name of Poudre	f Employer Valley Hospital	Occupatio Presiden	n t and Chief Executive Office	 r
	For: imary General ther (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Nan Mr Mike	ne (Last, First, Middle Initial) Baxter			Date of Receipt
Mailing /	Address 400 West 16th Street			09 / 28 / Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 17549930
<u>Pueblo</u>		CO	81003-2781	Amount of Each Receipt this Period
federal p	number of contributing political committee.	С		250.00
Name of Parkviev	f Employer w Medical Center	Occupatio Chief Op	n erating Officer	
Receipt			e Year-to-Date ▼	
	imary	0 0	250.00	]
	ne (Last, First, Middle Initial) Gardner			Date of Receipt
Mailing /	Address 1000 West 8th Avenue			09 / 28 / 2009
City		State	Zip Code	Transaction ID: 17549936
	number of contributing political committee.	CO	80759-2641	Amount of Each Receipt this Period 250.00
Name of Yuma D	f Employer istrict Hospital	Occupatio Administ		
	For: imary General ther (specify) ▼	_	e Year-to-Date ▼ 250.00	
SUBTOTA	<b>AL</b> of Receipts This Page (optional)		<b>_</b>	750.00
	nis Period (last page this line number of		<u> </u>	

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 126 (check only one)    X
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ <b>4</b> .	Full Name (Last, First, Middle Initial) Mr Al Klaasmeyer Mailing Address 3255 Salt Creek Circle,	Sto 100		Date of Receipt
	City	State	Zip Code	0 9 2 9 2 0 0 9 Transaction ID: 17554239
	Lincoln  FEC ID number of contributing federal political committee.	NE C	68504-4778	Amount of Each Receipt this Period 250.00
	Name of Employer Nebraska Hospital Association  Receipt For:  Primary General  Other (specify) ▼		n sident, Subsidiaries e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Mr Eugene C Wallace Mailing Address 124 Beaumont Ave.			Date of Receipt  0 9 3 0 2 0 0 9
	City	State	Zip Code	Transaction ID: 17556757
	Newtonville  FEC ID number of contributing federal political committee.	C	02460-2330	Amount of Each Receipt this Period  350.00
	Name of Employer Signature Healthcare Broc- kton Hospital Receipt For:  Primary General  Other (specify) ▼	Occupation Interm C Aggregate		
_	Full Name (Last, First, Middle Initial) Mr. Peter L Gosline			Date of Receipt
•	Mailing Address 452 Old Street Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Peterborough	State NH	Zip Code 03458-1295	Transaction ID: 17556906  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Monadnock Community Hospi- tal	Occupation Chief Exe	n ecutive Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional)	I		950.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for eac	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 67 / 126 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the	tatements may not be so name and address of a	old or used by any persony political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Mark J Neff, , CHE			Date of Receipt
	Mailing Address 222 Medical Circle			09 30 2009
	City Morehead	State Zip C		Transaction ID: 17556910  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer St. Claire Regional Medic- al Center	Occupation President and Ch	ief Executive Office	r
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-E	Date ▼ 1000.00	
- В.	Full Name (Last, First, Middle Initial) Ms. Karen Kirby			Date of Receipt
	Mailing Address 3750 Main Street #705			09 / 25 / Y Y Y Y Y
	City Philadelphia	State Zip (PA 1912		Transaction ID: 17616538
	FITH ADELPTITA  FEC ID number of contributing federal political committee.	C 1912	27-2100	Amount of Each Receipt this Period  350.00
	Name of Employer Kirby Bates Associates	Occupation President & CEO		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-E	Date ▼ 350.00	Contribution
- С.	Full Name (Last, First, Middle Initial) Mr. Clark P. Christianson			Date of Receipt
	Mailing Address 6762 Stoneridge Cour	t		09 16 2009
	City Mobile	State Zip 0 AL 3669	Code 95-3061	Transaction ID: 17616577  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	93-3001	1000.00
	Name of Employer Providence Hospital	Occupation President		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-E	Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)			2350.00
	TOTAL This Period (last page this line number		<u> </u>	

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 126 (check only one)    X
A	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any personess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Ms. Karen Kirby			Date of Receipt
	Mailing Address 3750 Main Street #705			09 / 25 / 2009
	City Philadelphia	State PA	Zip Code 19127-2100	Transaction ID: 17619262  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10127 2100	0.00
	Name of Employer Kirby Bates Associates	Occupation President		
	Receipt For:  Primary General  Other (specify) ▼	_	Year-to-Date ▼ 0.00	[MEMO ITEM] Refund(s) on Schedule B Totaling \$350.00 This changes the YTD Total to \$0
	Full Name (Last, First, Middle Initial) Ms. Katie Vaughan	<b>!</b>		Date of Receipt
	Mailing Address 506A East Howell Ave	enue		09 30 Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1034595122913
	Alexandria	VA	22301-1216	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Associate		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		380.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton	1		Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	1W		09 30 2009
	City	State	Zip Code	Transaction ID: PR1045726222913
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		78.00
	Name of Employer American Hospital Associa- tion-Washingt	<del>, '</del>	ce President & General Cou	unse
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 741.00	P/R Deduction (\$39.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .			118.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 126 (check only one)  X 11a 11b 11c 12  13 14 15 16
A	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persoress of any political committee to	or for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
_	Full Name (Last, First, Middle Initial) Ms. Sarah Berk			Date of Receipt
	Mailing Address 325 Seventh Street, N' Suite 700			09 / 30 / 4 2009
	City <u>Washington</u>	State DC	Zip Code 20004-2818	Transaction ID: PR1082532722913  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		38.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior As	ssociate Director	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 228.00	P/R Deduction (\$19.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Barbara Jellen			Date of Receipt
	Mailing Address 325 Seventh Street, N' Suite 700	W		09 30 7 2009
	City	State	Zip Code	Transaction ID: PR1113464222913
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		28.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Section D	rivirector, Constituency Section	on
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		266.00	P/R Deduction (\$14.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Davon Gray			Date of Receipt
	Mailing Address 325 Seventh Street, N' Suite 700	W		09 30 Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1143013022913
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		28.00
	Name of Employer American Hospital Associa- tion-Washingt	<del>, '                                   </del>	e Assistant	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 266.00	P/R Deduction (\$14.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			94.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 126 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Mr. David L. Allen		Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700		09 30 2009
	City <u>Washington</u>	State         Zip Code           DC         20004-2802	Transaction ID: PR1234662822913  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	28.00
	Name of Employer American Hospital Association-Washingt Receipt For: Primary General	Occupation Associate Director  Aggregate Year-to-Date ▼	
	Other (specify)	266.00	P/R Deduction (\$14.00 )
	Full Name (Last, First, Middle Initial) Ms. Mary Meadows		Date of Receipt
	Mailing Address One North Franklin		09 30 7 2009
	City	State Zip Code	Transaction ID: PR1260472922913
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	28.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Director of Professional Practice, AON	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	266.00	P/R Deduction (\$14.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Michelle M. Mathy		Date of Receipt
	Mailing Address 506A Howell		09 30 2009
	City	State Zip Code	Transaction ID: PR1300853722913
	Alexandria	VA 22301-1216	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	28.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:	Occupation Project Manager AHAPAC Coordinator Aggregate Year-to-Date	
	Primary General Other (specify) ▼	Aggregate Year-to-Date ¥	P/R Deduction (\$14.00 Bi- Weekly)
Г			84.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 126 (check only one)    X   11a
4	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Hospital Association PAC		
۱.	Full Name (Last, First, Middle Initial) Mr. Stephen Mayfield		Date of Receipt
	Mailing Address One North Franklin Str Suite 32139	eet	09 / 30 / 2009
	Chicago	State Zip Code	Transaction ID: PR1302378922913
	Chicago  FEC ID number of contributing federal political committee.	IL 60606	Amount of Each Receipt this Period  86.96
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Senior Vice President	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 695.68	P/R Deduction (\$43.48 Bi- Weekly)
. –	Full Name (Last, First, Middle Initial) Ms. Frances Margolin		Date of Receipt
	Mailing Address One North Franklin		09 30 2009
	City	State Zip Code	Transaction ID: PR1347702722913
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, Operations HRET	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. James Wadzinski		Date of Receipt
	Mailing Address One North Franklin		09 30 2009
	City	State Zip Code	Transaction ID: PR1347703422913
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President Account Services	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1030.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	<b>.</b>	146.96

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 126 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
4	or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
۷.	Full Name (Last, First, Middle Initial) Mr. Jack A. Mackay		Date of Receipt
	Mailing Address One North Franklin	2:01	09 / 30 / 2009
	City Chicago	State Zip Code IL 60606-3436	Transaction ID: PR1347703622913  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President & CIO	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	380.00	P/R Deduction (\$20.00 Bi- Weekly)
_ 3.	Full Name (Last, First, Middle Initial) Ms. Susan Gergely		Date of Receipt
	Mailing Address One North Franklin		09 30 7 2009
	City	State Zip Code	Transaction ID: PR1347791022913
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	28.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Director of Operations, AONE	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	266.00	P/R Deduction (\$14.00 Bi- Weekly)
. –	Full Name (Last, First, Middle Initial) Mr. John Slotman		Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	W	09 30 7 9 9
	City	State Zip Code	Transaction ID: PR1384065322913
	Washington	DC 20004-2802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	78.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Associate Director, Federal Relations	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 741.00	P/R Deduction (\$39.00 Bi- Weekly)
			146.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for each ca	ate schedule(s) ategory of the ummary Page	FOR LINE NUMBER: PAGE 73 / 126 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
A	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold on name and address of any p	or used by any person olitical committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Ms. Stephanie H. Drake			Date of Receipt
	Mailing Address One North Franklin			09 30 2009
	City Chicago	State Zip Code IL 60606-3		Transaction ID: PR1492459922913  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:	Occupation Associate Executive Aggregate Year-to-Date		<u></u>
	Primary General Other (specify) ▼		380.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Monica D Day			Date of Receipt
	Mailing Address 10224 Prince Place #2	09 30 2009		
	City	State Zip Code		Transaction ID: PR1516850622913
	Largo	MD 20774-1	210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		29.18
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Political Affairs Coor	dinator	
	Receipt For:	Aggregate Year-to-Date	▼	
	Primary General Other (specify) ▼	0 0 0 0	248.03	P/R Deduction (\$14.59 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Elisa Arespacochaga			Date of Receipt
	Mailing Address One North Franklin			09 30 7 2009
	City	State Zip Code	)	Transaction ID: PR1555656222913
	Chicago	IL 60606-3	436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.44
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:	Occupation Associate Direcor, C Aggregate Year-to-Date		
	Primary General Other (specify) ▼		243.52	P/R Deduction (\$15.22 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			99.62

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 126 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the commercial purposes.	Statements may not be sold or used by any pers	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Clinton S. Manning		Date of Receipt
Mailing Address 325 Seventh Street, Suite 700	NW	09 30 7 2009
City	State Zip Code	Transaction ID: PR1555656522913
Washington	DC 20004-2802	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.44
Name of Employer American Hospital Associa-	Occupation	
tion-Washingt Receipt For:	Asst. Director Advocacy & Member (	Join III u
Primary General	Aggregate Year-to-Date ▼	D/D Dadweties (#45.00.0)
Other (specify)	243.52	P/R Deduction (\$15.22 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Kathy Poole		Date of Receipt
Mailing Address One North Franklin		09 30 7 9 9
City	State Zip Code	Transaction ID: PR1589439922913
Chicago	IL 60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	31.82
Name of Employer American Hospital Associa-	Occupation Director, Governance Projects	
tion-Chicago Receipt For:	Aggregate Year-to-Date ▼	_
Primary General		P/R Deduction (\$15.91 Bi-
Other (specify) ▼	238.63	Weekly)
Full Name (Last, First, Middle Initial) Ms. Linda Fishman	1	Date of Receipt
Mailing Address 325 Seventh Street, Suite 700	NW	09 30 7 2009
City	State Zip Code	Transaction ID: PR327629122913
Washington	DC 20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	78.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Vice President, Public Policy	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	741.00	P/R Deduction (\$39.00 Bi- Weekly)
		140.26

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 126 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Debbie F. Weiner		Date of Receipt
Mailing Address 11004 Petersborough	Drive	09 / 30 / 4 9 9
City	State Zip Code	Transaction ID: PR327745922913
Rockville	MD 20852-3249	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	78.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Director, Grassroots Advocacy	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	741.00	P/R Deduction (\$39.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. Michael P. McCue		Date of Receipt
Mailing Address 122 N. Greenwood Avo	enue	09 30 7 9 9 9
City	State Zip Code	Transaction ID: PR327771622913
Park Ridge	IL 60068-3227	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Associate Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	266.00	P/R Deduction (\$14.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Suzanne R. Sonik	<u> </u>	Date of Receipt
Mailing Address One North Franklin		09 30 7 2009
City	State Zip Code	Transaction ID: PR327777222913
Chicago	IL 60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Director, Long-Term Care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	266.00	P/R Deduction (\$14.00 Bi- Weekly)
CURTOTAL of Descripto This Descriptorally		134.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 126 (check only one)    X
,	r for commercial purposes, other than using the	Statements may not be sold or used by any person ename and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
۷.	Full Name (Last, First, Middle Initial) Ms. Debra J. Stock		Date of Receipt
	Mailing Address 1022 S. Harvey Avenu		09 / 30 / 2009
	City Oak Park	State Zip Code IL 60304-2132	Transaction ID: PR327777822913  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, Member Relations	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Neil J. Jesuele		Date of Receipt
	Mailing Address 1003 Kimberly Place	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: PR327801722913
	Great Falls	VA 22066-1546	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Executive Vice President	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	380.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN		Date of Receipt
	Mailing Address 325 Seventh Street, N' Suite 700	W	09 30 7 9 9
	City	State Zip Code	Transaction ID: PR327812022913
	Washington FEC ID number of contributing	DC 20004-2818	Amount of Each Receipt this Period 78.00
	federal political committee.		
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Chief Executive Officer, AONE	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 741.00	P/R Deduction (\$39.00 Bi- Weekly)
	CURTOTAL of Descipto This Dags (entional)		158.00

	FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 126 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
0	r for commercial purposes, other than using the	Statements may not be sold or used by any persor e name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
۷.	Full Name (Last, First, Middle Initial) Ms. Joan H. Lewis		Date of Receipt
	Mailing Address 6034 North 22nd Stree		09 30 2009
	City Arlington	State Zip Code VA 22205-3408	Transaction ID: PR327831722913  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 22203-3400	40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Regional Executive	-
	Receipt For:  Primary General	Aggregate Year-to-Date ▼	D/D D - 1 - 11' (000 00 D'
	Other (specify)	380.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Robert J. Donovan		Date of Receipt
	Mailing Address One North Franklin St	09 30 2009	
	City	State Zip Code	Transaction ID: PR327846222913
	Chicago	IL 60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	28.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, Meetings & Travel Ser	v
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	266.00	P/R Deduction (\$14.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Ellen A. Pryga		Date of Receipt
	Mailing Address 2401 Calvert Street, N Apt. 1008	W	09 30 7 2009
	City	State Zip Code	Transaction ID: PR327851922913
	Washington	DC 20008-2614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director, Policy Development	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	P/P Doduction (\$20.00 Pi
	Other (specify)	380.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ			108.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 126 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
,	or for commercial purposes, other than using the	Statements may not be sold or used by any person ename and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
۷.	Full Name (Last, First, Middle Initial) Mr. Mark Seklecki		Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	W	09 / 30 / 4 2009
	City	State Zip Code	Transaction ID: PR327858022913
	Washington	DC 20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	78.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice President, Political Affairs	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	741.00	P/R Deduction (\$39.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. John F. Barry		Date of Receipt
•	Mailing Address One North Franklin		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR327877822913
	Millis	MA 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	78.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Executive	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	741.00	P/R Deduction (\$39.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. George F. Bergstrom	<u> </u>	Date of Receipt
	Mailing Address 130 North Garland Co #3002	urt	09 / 30 / 2009
	City	State Zip Code	Transaction ID: PR327895722913
	Chicago	IL 60602-4750	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	380.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ			196.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 79 / 126 (check only one)    X
4	Any information copied from such Reports and Sor for commercial purposes, other than using the	statements may not be name and address	pe sold or used by any perso of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
∠ <b>\</b> .	Full Name (Last, First, Middle Initial) Ms. Judy Williams			Date of Receipt
	Mailing Address One North Franklin Str			09 / 30 / 4 2009
	City		Zip Code	Transaction ID: PR327918922913
	Chicago	<u>IL</u>	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		28.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Director Mem	bership	
	Receipt For:	Aggregate Year	-to-Date ▼	
	Primary General Other (specify) ▼		266.00	P/R Deduction (\$14.00 Bi- Weekly)
_ 3.	Full Name (Last, First, Middle Initial) Mr. Richard J. Umbdenstock			Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	09 / 30 / 4 2009		
	City		Zip Code	Transaction ID: PR328132822913
	Washington	DC :	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		78.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation President and	Chief Executive Office	r
	Receipt For:	Aggregate Year	-to-Date ▼	
	Primary General Other (specify) ▼		741.00	P/R Deduction (\$39.00 Bi- Weekly)
_ :	Full Name (Last, First, Middle Initial) Ms. Barbara Lorsbach	l		Date of Receipt
	Mailing Address 204 7th Ave			09 / 30 / 4 2009
	City		Zip Code	Transaction ID: PR328136922913
	La Grange	<u>IL</u>	60525-6406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		78.00
	Name of Employer American Hospital Associa- tion-Chicago	<del>, '</del>	dent, Member Relations	s
	Receipt For:	Aggregate Year	-to-Date ▼	
	Primary General Other (specify) ▼		741.00	P/R Deduction (\$39.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	I		184.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 126 (check only one)    X
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Ms. Lauren A. Barnett		Date of Receipt
	Mailing Address One North Franklin Str		09 30 2009
	City Chicago	State Zip Code IL 60606	Transaction ID: PR328174922913
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 28.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Executive Director, SHSMD	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 266.00	P/R Deduction (\$14.00 Bi- Weekly)
. –	Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian		Date of Receipt
	Mailing Address 5545 North Wayne		09 30 7 2009
	City	State Zip Code	Transaction ID: PR328223822913
	Chicago	IL 60640-1318	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	78.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 741.00	P/R Deduction (\$39.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Dr. James D. Bentley, Ph.D.		Date of Receipt
	Mailing Address 13106 Vingle Lane		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR328224922913
	Silver Spring	MD 20906	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	78.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Vice President	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 741.00	P/R Deduction (\$39.00 Bi- Weekly)
Γ,	SUBTOTAL of Receipts This Page (optional)		184.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 126 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
A	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Mr. Ron O. Purcell		Date of Receipt
	Mailing Address 1093 N. Faldo Way		09 30 2009
	City	State Zip Code	Transaction ID: PR328241422913
	Eagle	ID 83616-5369	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Executive	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	380.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack	<u> </u>	Date of Receipt
	Mailing Address 3475 North Venice Str	09 / 09 / 2009	
	City	State Zip Code	Transaction ID: PR328260922913
	Arlington	VA 22207-4446	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	78.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Executive Vice President	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	741.00	P/R Deduction (\$39.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Richard H. Wade	<u> </u>	Date of Receipt
	Mailing Address 1221 Cavalier Road		09 / 30 / Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR328310422913
	Arnold	MD 21012-2126	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	78.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Vice President Strategic Com	mψn
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	741.00	P/R Deduction (\$39.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	<u> </u>	196.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 126 (check only one)    X   11a
\ \ \	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	tatements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Ms. Lori M. Schor			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	N		09 / 30 / 2009
	City <u>Washington</u>	State DC	Zip Code 20004-2818	Transaction ID: PR328341822913  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2000-7 2010	78.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:  Primary General Other (specify) ▼	,	Political Action & Grassroot Year-to-Date  741.00	P/R Deduction (\$39.00 Bi-Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina Mailing Address 200 Clover Hill Court			Date of Receipt
				09 30 2009
	City Yardley	State PA	Zip Code 19067-5736	Transaction ID: PR328511822913  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	13007-3730	78.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional	n Executive	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 741.00	P/R Deduction (\$39.00 Bi- Weekly)
. –	Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell			Date of Receipt
	Mailing Address 1501 N. Harrison Stree	et		09 30 2009
	City	State	Zip Code	Transaction ID: PR328512022913
	Arlington	VA	22205-2726	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Washingt		sident, Media Relations	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 380.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			196.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 126 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
A	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	American Hospital Association PAC		
۱.	Full Name (Last, First, Middle Initial) Mr. George Arges Mailing Address One North Franklin St		Date of Receipt
	City	State Zip Code	0 9 3 0 2 0 0 9 T T T T T T T T T T T T T T T T T
	Chicago	IL 60606	Transaction ID: PR328641122913  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.46
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Senior Director, Health Data Manager	men
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	340.89	P/R Deduction (\$22.73 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Anthony J. Burke		Date of Receipt
	Mailing Address One North Franklin Av	re.	09 30 7 2009
	City	State Zip Code	Transaction ID: PR328913322913
	Chicago	IL 60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	88.00
	Name of Employer American Hospital Associa- tion	Occupation President & CEO, AHA Solutions, Inc	<u>.</u>
	Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
	Other (specify)	704.00	P/R Deduction (\$44.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Rebecca Chickey		Date of Receipt
	Mailing Address One North Franklin St	reet	09 / 30 / Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR329013422913
	Chicago	IL 60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation SPSA Director	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ			173.46

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for	e separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 84 / 126 (check only one)    X   11a
A 0	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may not be e name and address o	e sold or used by any perso f any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Dr. John R. Combes, MD			Date of Receipt
	Mailing Address One North Franklin			09 / 30 / 4 2009
	City Chicago		p Code 0606-3436	Transaction ID: PR329071322913  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		78.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For: Primary General	Occupation President & Ch Aggregate Year-te	ief Operating Officer, o-Date ▼	P/R Deduction (\$39.00 Bi-
_	Other (specify) ▼  Full Name (Last, First, Middle Initial)	0 0 0	7 71.00	Weekly)
	Ms. Robyn Cooke  Mailing Address 325 Seventh Street, N Suite 700	W		Date of Receipt    M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	'	p Code	Transaction ID: PR329084422913
	Washington FEC ID number of contributing federal political committee.	DC 20	0004-2818	Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Associa	te Director	
	Receipt For: Primary General Other (specify)	Aggregate Year-t	o-Date ▼ 380.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese			Date of Receipt
	Mailing Address 500 Interstate Boulevard South			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City		p Code	Transaction ID: PR329215722913
	Nashville FEC ID number of contributing federal political committee.	TN 3	7210-4634	Amount of Each Receipt this Period  78.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation AHA Regional		
	Receipt For: Primary General Other (specify)	Aggregate Year-t	o-Date ▼ 741.00	P/R Deduction (\$39.00 Bi- Weekly)
Γ,	SUBTOTAL of Receipts This Page (optional) .	1		196.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 126 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
A C	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
. ∠ 	Full Name (Last, First, Middle Initial) Mr. John Evans		Date of Receipt
	Mailing Address One North Franklin Str		09 / 30 / 4 7 7 7
	City	State Zip Code	Transaction ID: PR329342622913
	Chicago	IL 60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	28.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Senior Vice President & CFO	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	266.00	P/R Deduction (\$14.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Audrey L. Harris	<u> </u>	Date of Receipt
	Mailing Address 1136 W. Farwell Ave.		09 30 7 2009
	City	State Zip Code	Transaction ID: PR329654222913
	Chicago	IL 60626-3861	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	28.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Executive Director, ASDVS	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	266.00	P/R Deduction (\$14.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Patricia Meersman		Date of Receipt
	Mailing Address One North Franklin		09 30 7 2009
	City	State Zip Code	Transaction ID: PR330343322913
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Senior Director Member Relations	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	380.00	P/R Deduction (\$20.00 Bi- Weekly)
			96.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 126 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
7	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Mr. Thomas Misfeldt		Date of Receipt
	Mailing Address One North Franklin		09 30 2009
	City	State Zip Code	Transaction ID: PR330411622913
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Associate Regional Executive	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	380.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Maureen D. Mudron		Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700		09 / 30 / 2009
	City Washington	State Zip Code DC 20004-2818	Transaction ID: PR330465222913
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  28.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Deputy General Counsel	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 266.00	P/R Deduction (\$14.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca		Date of Receipt
	Mailing Address 4960 138th Cricle West		09 30 7 2009
	City	State Zip Code	Transaction ID: PR330475422913
	Apple Valley	MN 55124-9229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	78.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Executive	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 741.00	P/R Deduction (\$39.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		146.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 / 126 (check only one)  X 11a 11b 11c 12 13 14 15 16
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any persor name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Ms. Jennifer E. Mallard		Date of Receipt
	Mailing Address 6109 North 9th Road		09 / 30 / 2009
	City <u>Arlington</u>	State         Zip Code           VA         22205-1609	Transaction ID: PR330534322913  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Associate Director	1
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Gene O'Dell		Date of Receipt
	Mailing Address One North Franklin		09 30 2009
	City	State Zip Code	Transaction ID: PR330547722913
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, Strategic Planning	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe		Date of Receipt
	Mailing Address 172 Atteridge		09 30 2009
	City	State Zip Code	Transaction ID: PR330549222913
	Lake Forest	IL 60045-1715	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	94.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:	Occupation Vice President, Constituency Section  Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	677.00	P/R Deduction (\$47.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)		174.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88 / 126 (check only one)    X   11a
A	ny information copied from such Reports and S for commercial purposes, other than using the	Statements mag e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
. <u>/_</u>	Full Name (Last, First, Middle Initial) Mr. Walter James Reiter			Date of Receipt
	Mailing Address 325 Seventh Street, N' Suite 700	W		09 30 2009
	City Washington	State DC	Zip Code 20004-2818	Transaction ID: PR330776122913  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Association-Washingt Receipt For:  Primary  Other (specify) ▼		n vocacy & Member Communi e Year-to-Date ▼ 380.00	cations  P/R Deduction (\$20.00 Bi-Weekly)
	Full Name (Last, First, Middle Initial)  Ms. Debi H. Tucker, Esq.  Mailing Address 1101 N. Kentucky Stre	not.		Date of Receipt
				09 30 2009
	City Arlington	State VA	Zip Code	Transaction ID: PR331278822913
	FEC ID number of contributing federal political committee.	C	22205-3515	Amount of Each Receipt this Period  28.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupatio Director,	n State Issues Forum	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 266.00	P/R Deduction (\$14.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Darlene S. Vanderbush	1		Date of Receipt
	Mailing Address 26 West Glendale Ave	).		0 9 3 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR331304222913
	Alexandria	VA	22301-2402	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Association-Washingt Receipt For: Primary General	<del>, '</del>	n Advocacy and Public Policy e Year-to-Date ▼	_
_	Other (specify) ▼	0 0	380.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			108.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 89 / 126 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	o name and address of any pointed committee to	
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Jo Ann Webb		Date of Receipt
Mailing Address 325 Seventh Street, N Suite 700		09 / 30 / 2009
City	State Zip Code	Transaction ID: PR331379122913
Washington	DC 20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Sr. Director Federal Relations & Police	C C
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	266.00	P/R Deduction (\$14.00 Bi-
Other (specify) ▼	200.00	Weekly)
Full Name (Last, First, Middle Initial) Ms. Judy Weinsheimer		Date of Receipt
Mailing Address 325 Seventh Street, N Suite 700		09 / 30 / 4 9 9
City	State Zip Code	Transaction ID: PR331386922913
Washington	DC 20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Associate Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	266.00	P/R Deduction (\$14.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. Alex R. White, Sr.	1	Date of Receipt
Mailing Address PO Box 15587		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR331416022913
Austin	TX 78761-5587	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	116.00
Name of Employer American Hospital Associa-	Occupation Regional Executive	
tion-Chicago  Receipt For:	Aggregate Year-to-Date ▼	$\dashv$
Primary General		P/R Deduction (\$58.00 Bi-
Other (specify) ▼	1102.00	Weekly)
CURTOTAL of Descints This Days (artisan)		172.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 126 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	atements may not be sold or used by any persor name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
∠ <b>4</b> .	Full Name (Last, First, Middle Initial) Mr. Donald May		Date of Receipt
	Mailing Address 521 Great Falls St.	State 7:a Code	0 9 3 0 2 0 0 9 2 0 0 9
	City Falls Church	State Zip Code VA 22046-2613	Transaction ID: PR331533222913  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	78.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:	Occupation Vice President, Policy Aggregate Year-to-Date ▼	<u>-</u>
	Primary General Other (specify) ▼	741.00	P/R Deduction (\$39.00 Bi- Weekly)
_ 3.	Full Name (Last, First, Middle Initial) Ms. Elizabeth Summy		Date of Receipt
	Mailing Address One North Franklin		09 30 YYYY 2009
	City	State Zip Code	Transaction ID: PR346168122913
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	39.84
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, PMG	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 360.72	P/R Deduction (\$19.92 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Kristin Welsh		Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700		09 30 2009
	City Washington	State Zip Code DC 20004-2818	Transaction ID: PR517619722913
	FEC ID number of contributing federal political committee.	C 20004-2818	Amount of Each Receipt this Period 78.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice President Executive Branch Relat	ti
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 741.00	P/R Deduction (\$39.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		195.84

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 91 / 126 (check only one)    X   11a
A or	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may not be name and address	pe sold or used by any perso of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Ms. Megan Cundari			Date of Receipt
	Mailing Address 325 Seventh Street, N' Suite 700			09 / 30 / Y Y Y Y Y
	City <u>Washington</u>		Zip Code 20004-2818	Transaction ID: PR518031922913  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		43.48
	Name of Employer American Hospital Association-Washingt Receipt For: Primary General	Occupation Senior Associ Aggregate Year		D/D Doduction (#21.74 Bi
	Other (specify) ▼		347.84	P/R Deduction (\$21.74 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Laura M. Werner			Date of Receipt
	Mailing Address 325 Seventh Street, N' Suite 700	W		09 / 30 / 2009
	City		Zip Code	Transaction ID: PR560101522913
	Washington	DC :	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.44
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Project Manag	ger	
	Receipt For:	Aggregate Year	-to-Date ▼	
	Primary General Other (specify) ▼		243.52	P/R Deduction (\$15.22 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Carlos Jackson			Date of Receipt
	Mailing Address 325 Seventh Street, N	W		09 30 2009
	City		Zip Code	Transaction ID: PR566280922913
	Washington	DC :	20004-2802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:	Occupation Associate Dire	ector, Federal Relations	
	Primary General Other (specify) ▼	1.55.29.40	380.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ,	SUBTOTAL of Receipts This Page (optional)	l		113.92

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 92 / 126 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
A 0	ny information copied from such Reports and r for commercial purposes, other than using th	Statements may not be sold or used by any perse name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
۷.	Full Name (Last, First, Middle Initial) Ms. Ashley B. Thompson		Date of Receipt
	Mailing Address 606 S. Royal St.		09 / 30 / 2009
	City <u>Alexandria</u>	State Zip Code VA 22314-4142	Transaction ID: PR766023722913  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 22314-4142	40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director, Policy	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	P/R Deduction (\$20.00 Bi- Weekly)
 3.	Full Name (Last, First, Middle Initial) Ms. Rochelle M. Archuleta		Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700		09 30 7 2009
	City	State Zip Code	Transaction ID: PR801366322913
	Washington  FEC ID number of contributing federal political committee.	DC 20004-2818	Amount of Each Receipt this Period  28.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Associate Director Policy	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	P/R Deduction (\$14.00 Bi- Weekly)
 :.	Full Name (Last, First, Middle Initial) Ms. Lisa Kidder Hrobsky	1	Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700		09 30 2009
	City Washington	State Zip Code DC 20004-2818	Transaction ID: PR876637222913
	FEC ID number of contributing federal political committee.	C 20004-2616	Amount of Each Receipt this Period 42.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice President, Legislative Affairs	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 353.00	P/R Deduction (\$21.00 Bi- Weekly)
Γ.	SUBTOTAL of Receipts This Page (optional)	I	110.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 93 / 126 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the results of the state of	atements mag	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Sheila R. Meadows			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700	V		09 / 30 / 2009
	City	State	Zip Code	Transaction ID: PR936292322913
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		28.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupatio Senior D	n irector of Operations	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 266.00	P/R Deduction (\$14.00 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Mr. David A. Strickland			Date of Receipt
	Mailing Address One N. Franklin Street			09 / 30 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR939603922913
	Chicago	IL	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		28.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupatio Executive	n e Director Quality Center	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 266.00	P/R Deduction (\$14.00 Bi- Weekly)

SUBTOTAL of Receipts This Page (optional)	•	56.00
TOTAL This Period (last page this line number only)	<b>•</b>	71105.23

SCHEDULE A (FEC Form 3X)			Llas sanarata ashadula(a)	FOR LINE NUMBER: PAGE 94 / 126
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only one)
••	LIMIZED REGEN 13		Detailed Summary Page	11a 11b 11c 12 13 14 15 16 X 17
	ny information copied from such Reports and Stater for commercial purposes, other than using the nam			
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Citibank, F.S.B.			Date of Receipt
	Mailing Address 1400 G Street, NW			09 30 7 2009
	City	State	Zip Code	Transaction ID: 17608169
	Washington	DC	20005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		223.08
	Name of Employer	Occupation	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		2508.92	Interest Earned

SUBTOTAL of Receipts This Page (optional)	•	223.08
TOTAL This Period (last page this line number only)	<u> </u>	223.08

Detailed Summary Page    216	CHEDULE B (FEC Form 3X) FEMIZED DISBURSEMENTS	I I I I I I I I I I I I I I I I I I I	FOR LINE NUMBER: PAGE 95 / 126 (check only one)
r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee  NAME OF COMMITTEE (In Full)  American Hospital Association PAC  Full Name (Last, First, Middle Initial) Ike Skelton For Congress Committee  Mailing Address P.O. Box A  City State Zip Code MO 64701  Purpose of Disbursement Contribution Candidate Name Rep. Ike Skelton  State: MO District: 04  Full Name (Last, First, Middle Initial) Harry Mitchell For Congress  Mailing Address PO Box 23748  City State Zip Code President State: AZ B5285  Purpose of Disbursement Contribution  Candidate Name AZ 85285  Purpose of Disbursement Contribution  Contribution  Transaction ID: 17513462 Date of Disbursement ID: 17513462 Date of Disbursement Contribution  Contribution  Contribution  Transaction ID: 17513462 Date of Disbursement ID: 17513465 Date of Disbursem		Detailed Summary Page	27 28a 28b 28c 29
NAME OF COMMITTEE (In Full) American Hospital Association PAC  Full Name (Last, First, Middle Initial) Ike Skelton For Congress Committee  Mailing Address P.O. Box A  City Harrisonville  Mo 64701  Purpose of Disbursement Contribution  Candidate Name Rep. Harry Mitchell  Transaction ID: 17513459 Date of Disbursement this Perill 1000.00  Amount of Each Disbursement this Perill 1000.00  Contribution			
Re Skelton For Congress Committee   Mailing Address   P.O. Box A	NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , ,	
City Harrisonville    State   Zip Code   MO   64701			
Harrisonville MO 64701  Purpose of Disbursement Contribution  Cardidate Name Rep. Ike Skelton  Office Sought:	Mailing Address P.O. Box A		09 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Contribution Candidate Name Rep. Ike Skelton Office Sought:    X			Amount of Each Disbursement this Peri
Rep. Ike Skelton  Office Sought:			
Senate President  State: MO District: 04  Full Name (Last, First, Middle Initial) Harry Mitchell For Congress  Mailing Address PO Box 23748  City State Zip Code AZ 85285  Purpose of Disbursement Contribution  Candidate Name Rep. Harry Mitchell  Office Sought: X House President Senate Po Box 1738  City Purpose of Disbursement Contribution  Candidate Name Rep. Harry Mitchell  Office Sought: X House President State: AZ District: 05  Full Name (Last, First, Middle Initial) Matsui For Congress  Mailing Address PO Box 1738  City State Zip Code Candidate Name Rep. Harry Middle Initial) Matsui For Congress  Mailing Address PO Box 1738  City State Zip Code Candidate Name Rep. Disbursement Candidate Name Rep. Doris Matsui  City State Zip Code Candidate Name Rep. Doris Matsui  City State Zip Code Candidate Name Rep. Doris Matsui  City State Zip Code Candidate Name Rep. Doris Matsui  Office Sought: X House Senate President Contribution  Candidate Name Rep. Doris Matsui  Office Sought: X House Senate President Cother (specify) ▼  Disbursement For: 2010 Candidate Name Rep. Doris Matsui  Office Sought: X House Senate President Cother (specify) ▼  Contribution  Contribution  Contribution  Contribution  Contribution  Contribution  Contribution			
Full Name (Last, First, Middle Initial) Harry Mitchell For Congress  Mailing Address PO Box 23748  City State Zip Code AZ 85285  Purpose of Disbursement Contribution Candidate Name Rep. Harry Mitchell  Disbursement For: 2010 X Primary General President State Xip Code X Pose of Disbursement Contribution  Candidate Name (Last, First, Middle Initial) Matsui For Congress  Mailing Address PO Box 1738  City State Zip Code CA 95812  Purpose of Disbursement Contribution  Candidate Name (Last, First, Middle Initial) Matsui For Congress  Mailing Address PO Box 1738  City State Zip Code Sacramento CA 95812  Purpose of Disbursement Contribution  Candidate Name Rep. Doris Matsui  Office Sought: X House Senate President  Disbursement For: 2010 Contribution  Condidate Name Rep. Doris Matsui  Office Sought: X House Senate President  Disbursement For: 2010 Contribution	Senate	Primary General	Contribution
Harry Mitchell For Congress  Mailing Address PO Box 23748  City State Zip Code AZ 85285  Purpose of Disbursement Contribution  Candidate Name Rep. Harry Mitchell  Office Sought: X House President President Sacramento  City State Zip Code AZ 85285  Full Name (Last, First, Middle Initial)  Mailing Address PO Box 1738  City State Zip Code AZ 85285  Full Name (Last, First, Middle Initial)  Matsui For Congress  Mailing Address PO Box 1738  City State Zip Code Sacramento  CA 95812  Purpose of Disbursement this Periode CA 95812  Purpose of Disbursement  Contribution  Candidate Name Rep. Doris Matsui  City State Zip Code CA 95812  City State		_	
City State Zip Code AZ 85285  Purpose of Disbursement Contribution Candidate Name Rep. Harry Mitchell  Office Sought: X House President State: AZ District: 05  Full Name (Last, First, Middle Initial) Matsui For Congress  Malling Address PO Box 1738  City Sacramento CA 95812  Purpose of Disbursement COntribution  Candidate Name Rep. Doris Matsui  Office Sought: X House Senate President State: AZ District: 05  Full Name (Last, First, Middle Initial) Matsui For Congress  Malling Address PO Box 1738  City State Zip Code CA 95812  Purpose of Disbursement Contribution  Candidate Name Rep. Doris Matsui  Office Sought: X House Senate President  Disbursement For: 2010 Senate President  Disbursement For: 2010 Contribution	,		Date of Disbursement
Tempe AZ 85285  Purpose of Disbursement Contribution  Candidate Name Rep. Harry Mitchell  Office Sought:	Mailing Address PO Box 23748		09 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Purpose of Disbursement Contribution Candidate Name Rep. Harry Mitchell  Office Sought: X House Senate President State: AZ District: 05  Full Name (Last, First, Middle Initial) Matsui For Congress  Mailing Address PO Box 1738  City State Zip Code Sacramento CA 95812  Purpose of Disbursement Contribution  Candidate Name Rep. Doris Matsui  Office Sought: X House Senate President  X Primary General Contribution  Transaction ID: 17513465 Date of Disbursement  Office Sought: Amount of Each Disbursement this Period Soughts Senate President  Office Sought: X House Senate President  Other (specify) ▼  Contribution			Amount of Each Disbursement this Peri
Rep. Harry Mitchell  Office Sought: X House Senate President State: AZ District: 05  Full Name (Last, First, Middle Initial) Matsui For Congress  Mailing Address PO Box 1738  City State Zip Code Sacramento CA 95812  Purpose of Disbursement Contribution  Candidate Name Rep. Doris Matsui  Office Sought: X House Senate President  Disbursement For: 2010 Amount of Each Disbursement this Period Category/Type  Contribution	Purpose of Disbursement		
Senate			<b>3</b> ,
Matsui For Congress  Mailing Address PO Box 1738  City State Zip Code Sacramento CA 95812  Purpose of Disbursement Contribution Candidate Name Rep. Doris Matsui  Office Sought: X House Senate President  Date of Disbursement  Date of Disbursement  M M M M D D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Senate X President	Primary General	Contribution
City State Zip Code Sacramento CA 95812  Purpose of Disbursement Contribution  Candidate Name Rep. Doris Matsui  Office Sought: X House Senate President  President  State Zip Code OA 95812  Amount of Each Disbursement this Period CA 95812  Contribution  Category/ Type  Contribution  Contribution  Contribution  Contribution			
Sacramento  CA  95812  Purpose of Disbursement Contribution  Candidate Name Rep. Doris Matsui  Office Sought:  X House Senate President  President  CA  95812  5000.00  Category/ Type  Category/ Type  Contribution  Contribution  Contribution	Mailing Address PO Box 1738		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Contribution  Candidate Name Rep. Doris Matsui  Office Sought:  X House Senate President  Disbursement For:  X Primary General Other (specify)			
Rep. Doris Matsui  Office Sought:  X House Senate President  Disbursement For:  X Primary General Other (specify)	Contribution		
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	Senate	Primary General	Contribution
	State: CA District: 05		

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			R LINE			R:				PAGE	96 /	126	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	<u></u>	e) 22 28a	Х	23 28b	F	24		25 29		26 30
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American Hospital Association PAC														
Full Name (Last, First, Middle Initial)  Citizens For Turner								on IE			13470	)		
Mailing Address 120 W. Second Stree	t, Suite 1510					0 <sup>M</sup> 9	М	/ D	0 2	2 /	Y	Ý 0 Ŏ 9	) Y	
City Dayton	State Zip Code OH 45402					Amou	ınt o	f Eac	h C	isbur		nt this		nd
Purpose of Disbursement Contribution			011				_				10	00.00	)	Ш
Candidate Name Rep. Michael R. Turner			teg Type	ory/ e										
Office Sought: X House Disb Senate President	ursement For: 2010  X Primary General  Other (specify) ▼				C	Contr	ibut	ion						
State: OH District: 03														
Full Name (Last, First, Middle Initial) <ul><li>Levin For Congress</li></ul>					1			isburs	sen	nent	1347 <sup>-</sup>	1		
Mailing Address PO Box 37						0 <sup>M</sup> 9	М	/ D	0 2	2 /	YZ	δο δ s	) Y	
City Roseville	State Zip Code MI 48066					Amou	ınt o	f Eac	h C	isbur	semer	nt this I	Perio	bd
Purpose of Disbursement Contribution			011						_		5	500.00	)	
Candidate Name Rep. Sander M. Levin			teg Гур	ory/ e										
Office Sought:  X House Senate President State: MI District: 12	ursement For: 2010 Primary X General Other (specify) ▼				(	Contr	ibut	ion						
Full Name (Last, First, Middle Initial)  Charlie Dent For Congress					1			on IE		_	13472	2		
Mailing Address PO Box 442						o <sup>M</sup> 9	М	/ D	0 2	2 /	YZ	ž o ŏ s	) Y	
City Allentown	State Zip Code PA 18105					Amou	ınt o	f Eac	h C	isbur	semer	nt this	Perio	bd
Purpose of Disbursement Contribution			011				_	_			20	00.00	)	
Candidate Name Rep. Charles W. Dent		Ca	0	ory/										
Senate President	ursement For: 2010  X Primary General Other (specify)				(	Contr	ibut	ion						
State: PA District: 15							_	-			0.5	00.01		
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IT	CHEDULE B (FEC Form	Use separa	ate schedule(s)		E NUMBER: PAGE 97 / 126
	EMIZED DISBURSEMEN	TS for each ca	ategory of the ummary Page	(check on 21b 27	ly one)  22 X 23 24 25 2 28a 28b 28c 29
					for the purpose of soliciting contributions olicit contributions from such committee
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) American Hospital Association P				
<u>/</u>	Full Name (Last, First, Middle Initial) Friends Of John Barrow				Transaction ID: 17529244 Date of Disbursement
	Mailing Address PO Box 8166				09 16 7 2009
	City Savannah		Zip Code 31412		Amount of Each Disbursement this Perio
	Purpose of Disbursement Contribution			011	1000.00
	Candidate Name Rep. John Barrow  Office Sought: X House	Disbursement For:	2010	Category/ Type	
	Senate President	X Primary Other (speci	General		Contribution
	State: GA District: 12  Full Name (Last, First, Middle Initial)  Minnick For Congress	1			Transaction ID: 17529247 Date of Disbursement
	Mailing Address P O Box 288				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & I & D \\ I & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ I & 2 & 0 & 0 & 9 \end{bmatrix}$
	City Meridian	State ID	Zip Code 83642		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution			011	1500.00
	Candidate Name Rep. Walter Clifford Minnick			Category/ Type	
	Office Sought: X House	Disbursement For:	2010 General		Contribution
	Senate President	X Primary Other (speci	ify) 🔻		
	Senate		ify) ▼		Transaction ID: 17529249 Date of Disbursement
	State: ID District: 01 Full Name (Last, First, Middle Initial)	Other (speci	ify) ▼		
	Senate President State: ID District: 01 Full Name (Last, First, Middle Initial) Crowley For Congress	Other (speci	Zip Code 11373		Date of Disbursement  M M M D 1 6 Y 2 0 0 9  Amount of Each Disbursement this Period
	Senate President President State: ID District: 01  Full Name (Last, First, Middle Initial) Crowley For Congress  Mailing Address 84-56 Grand A  City Elmhurst Purpose of Disbursement Contribution	Other (speci	Zip Code	011	Date of Disbursement  O 9 1 6 2 0 0 9
	Senate President  State: ID District: 01  Full Name (Last, First, Middle Initial) Crowley For Congress  Mailing Address 84-56 Grand A  City Elmhurst  Purpose of Disbursement Contribution Candidate Name Rep. Joseph Crowley	venue  State NY	Zip Code 11373	011 Category/ Type	Date of Disbursement  M M M D 1 6 Y 2 0 0 9  Amount of Each Disbursement this Period
	Senate President State: ID District: 01  Full Name (Last, First, Middle Initial) Crowley For Congress  Mailing Address 84-56 Grand A  City Elmhurst Purpose of Disbursement Contribution Candidate Name	Other (speci	Zip Code 11373 2010 X General	Category/	Date of Disbursement  M M M M D 1 6 Y 2 0 0 9 Y  Amount of Each Disbursement this Perior

SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	for each category of the (che	LINE NUMBER: PAGE 98 / 126 ck only one)
	Detailed Summary Page	21b     22     X     23     24     25       27     28a     28b     28c     29
Any Information copied from such Reports and Sta or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full)  American Hospital Association PAC	*1	
Full Name (Last, First, Middle Initial) Coble For Congress		Transaction ID: 17529251 Date of Disbursement
Mailing Address PO Box 1177		09 16 7 2009
City Greensboro	State Zip Code NC 27402	Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution	011	1000.00
Candidate Name Mr. John Howard Coble	Categor Type	y/
Senate President	rsement For: 2010  X Primary General  Other (specify) ▼	Contribution
State: NC District: 06  Full Name (Last, First, Middle Initial)		Transaction ID: 17529254
Andre Carson For Congress		Date of Disbursement
Mailing Address P.O. Box 1863		09 16 7 2009
City Indianapolis	State Zip Code IN 46206	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	011	1000.00
Candidate Name Rep. Andre Carson	Categor Type	y/
Office Sought:  X House Senate President State: IN District: 07	rsement For: 2010  X Primary General  Other (specify) ▼	Contribution
Full Name (Last, First, Middle Initial) Courtney For Congress		Transaction ID: 17529256 Date of Disbursement
Mailing Address 38 Risley Road		09 16 7 2009
City Vernon	State Zip Code CT 06066	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	011	2000.00
Candidate Name Rep. Joseph D. Courtney	Categor Type	y/
Office Sought:  X House Senate President  Disbu	rsement For: 2010  X Primary General  Other (specify)	Contribution
State: CT District: 02		

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	Full Name (Last, First, Middle Initial) Committee To Re-Elect Nydia M. Velazquez To Congre						Transaction ID: 1755 Date of Disbursement					
	Mailing Address 315 Inspiration Lane							0 <sup>M</sup> 9	M / DO	3 /	žoŏ	9 <sup>Y</sup>
	City Gaithersburg			ate 1D	Zip Code 20878			Amou	ınt of Each I	Disburse		
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	State: NY District: 12  Full Name (Last, First, Middle Initial) Friends Of Weiner								saction ID: of Disburse		5717	
	Mailing Address 1 Ascan Avenue #31 Suite 31							0 <sup>M</sup> 9	ŽOŎ	9 <sup>Y</sup>		
	City Forest Hills			ate Y	Zip Code 11375			Amou	ınt of Each I	Disburse	ement this	Perio
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	Candidate Name Rep. Anthony D. Weiner						egory/ ype					
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	Full Name (Last, First, Middle Initial)  AMERIPAC: The Fund for a Greater America							Date	saction ID: of Disburser	ment		
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LINGPAC -	Leadership in the Nev	w Century PA	C								sbur			V .	/ ° V °	V
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City Washingtor		State DC	<del></del>	Zip Code 20006				<i>A</i>	mou	int o	f Eac	h C	isbui	semer	nt this I	Perio
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Campaign I	or Our Country								ate (	of Di	sbur	sen	nent			
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City Montgomer		State	<del></del>	Zip Code 36103				P	mou	int o	f Eac	h C	Disbui	semer	nt this I	Perio
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE 110 / 126
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	Detailed Summary Page	27	22 X 23 28a 28b	24 25 26 28c 29 30b
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or for commercial purposes, other than using the name	e and address of any political co	mmittee to sol	icit contributions from	such committee
NAME OF COMMITTEE (In Full)  American Hospital Association PAC				
/ / /// / / / / / / / / / / / / / / /				
Full Name (Last, First, Middle Initial)			Transaction ID:	
Zack Space For Congress Committee			Date of Disbursem	
Mailing Address 726 Sixteenth Street Ne			0 9 2 1	2009
City Massillon	State Zip Code OH 44646		Amount of Each D	isbursement this Period
Purpose of Disbursement	Г	• •		1000.00
Contribution Candidate Name		011		
Rep. Zachary T. Space		Category/ Type		
	ement For: 2010		Contribution	
Senate X President	Primary General Other (specify) ▼			
State: OH District: 18	Other (Specify)			
Full Name (Last, First, Middle Initial)			Transaction ID:	17555745
Richard E Neal For Congress Committee			Date of Disbursem	
Mailing Address 76 Magnolia Terrace			09 / 21	2009
City	State Zip Code		Amount of Foob D	isbursement this Period
City Springfield	MA 01108		Amount of Each D	
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Contribution Candidate Name		011 Category/		
Rep. Richard E. Neal		Type		
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Senate X President	Primary General Other (specify)			
State: MA District: 02	1 (-p 7) <b>V</b>			
Full Name (Last, First, Middle Initial)			Transaction ID:	
Boswell For Congress			Date of Disbursem	
Mailing Address PO Box 6220			09 / 21	2009
City Des Moines	State Zip Code IA 50309		Amount of Each D	isbursement this Period
Purpose of Disbursement	Г	• •		1000.00
Contribution Candidate Name		011 Category/		
Rep. Leonard L. Boswell		Type		
- <u>-</u> -	ement For: 2010		Contribution	
Senate X President	Primary General Other (specify) ▼			
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				on for the purpose of soliciting contributions o solicit contributions from such committee
	NAME OF COMMITTEE (In Full) American Hospital Association PA	· · ·		
<b>/</b>	Full Name (Last, First, Middle Initial) Friends Of Charlie Wilson			Transaction ID: 17556362 Date of Disbursement
	Mailing Address P.O. Box 61			09 / 21 / 2009
	City St. Clairsville	State Zip Code OH 43950		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name		011 Cotogon/	1000.00
	Rep. Charles A. Wilson  Office Sought: X House	Disbursement For: 2010	Category/ Type	
	Senate President State: OH District: 06	X Primary Gen Other (specify) ▼		Contribution
	Full Name (Last, First, Middle Initial) Rodney Alexander For Congress I	nc.		Transaction ID: 17556367 Date of Disbursement
	Mailing Address 319 Nancy'S Ro 319 Nancy Road	ad ad		09
	City Quitman	State Zip Code LA 71268		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution		011	1000.00
	Candidate Name Rep. Rodney Alexander		Category/ Type	
	Office Sought:  X House Senate President State: LA District: 05	Disbursement For: 2010  X Primary Gen  Other (specify)		Contribution
	Claic. Lit Biotilot. 00			
	Full Name (Last, First, Middle Initial) Pallone For Congress			Transaction ID: 17556368 Date of Disbursement
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	Full Name (Last, First, Middle Initial) Pallone For Congress	State Zip Code NJ 07740		Date of Disbursement  M M M D 2 1 Y Y Y O Y 9  Amount of Each Disbursement this Perior
	Full Name (Last, First, Middle Initial) Pallone For Congress  Mailing Address PO Box 3176  City Long Branch  Purpose of Disbursement Contribution		011	Date of Disbursement  O 9
	Full Name (Last, First, Middle Initial) Pallone For Congress  Mailing Address PO Box 3176  City Long Branch  Purpose of Disbursement Contribution  Candidate Name Rep. Frank Pallone, Jr.	NJ 07740	Category/ Type	Date of Disbursement  M M M D 2 1 Y Y Y O Y 9  Amount of Each Disbursement this Perior
	Full Name (Last, First, Middle Initial) Pallone For Congress  Mailing Address PO Box 3176  City Long Branch  Purpose of Disbursement Contribution Candidate Name		Category/ Type	Date of Disbursement  M M M D D D D Y D O D O D O D O D O D O D O D

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NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Engel For Congress			Transaction ID: 17556374 Date of Disbursement
Mailing Address 462 California Roa	d		$\begin{bmatrix} \begin{smallmatrix} M & 9 & M \\ 0 & 9 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 1 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$
City Bronxville	State Zip Code NY 10708		Amount of Each Disbursement this Peri
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Eliot L. Engel		Category/ Type	
Senate President	isbursement For: 2010  X Primary General Other (specify)	al	Contribution
State: NY District: 17  Full Name (Last, First, Middle Initial)			Transaction ID: 17556070
Scott Murphy For Congress			Transaction ID: 17556378  Date of Disbursement
Mailing Address 615 Glen Street			$\begin{bmatrix} \begin{smallmatrix} M & 9 & M \\ O & 9 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 1 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
City Glens Falls	State Zip Code NY 12801		Amount of Each Disbursement this Peri
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Candidate Name Rep. Scott M. Murphy		Category/ Type	
Office Sought:  X House Senate President State: NY District: 20	isbursement For: 2010  X Primary General Other (specify)		Contribution
Full Name (Last, First, Middle Initial) Garamendi For Congress			Transaction ID: 17556380 Date of Disbursement
Mailing Address 3605 Long Beach Suite 426	Blvd.		$\begin{bmatrix} 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 $
City Long Beach	State Zip Code CA 90807		Amount of Each Disbursement this Peri
Purpose of Disbursement Contribution		011	5000.00
Candidate Name Mr. John Garamendi		Category/ Type	
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State: CA District: 10 F	Runoff2009		
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	_	NE NUMBER:	PAGE 113 / 126
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NAME OF COMMITTEE (In Full)	e and address of any pointear	COMMITTEE TO	30101 CONTRIBUTIONS II	om such committee
American Hospital Association PAC				
Full Name (Last, First, Middle Initial) We the People PAC			Transaction ID Date of Disburs	
Mailing Address PO Box 2232			09 / 2	23 7 2009
City Jenkintown	State Zip Code PA 19046		Amount of Each	Disbursement this Period
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Candidate Name We the People PAC		Category/ Type		
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		2009 Contribu	tion
Full Name (Last, First, Middle Initial) Peak PAC			Transaction ID Date of Disburs	ement
Mailing Address PO Box 48004			09 / 2	23 7 2009
City Denver	State Zip Code CO 80204		Amount of Each	Disbursement this Period
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Full Name (Last, First, Middle Initial) People For Patty Murray U S Senate Cam	paign		Transaction ID Date of Disburs	ement
Mailing Address PO Box 3662			09 / 2	23 7 2009
City Seattle	State Zip Code WA 98124		Amount of Each	Disbursement this Period
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Candidate Name Sen. Patty Murray	9949	Category/ Type		
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NAME OF COMMITTEE (In Full)	71									
American Hospital Association PAC										
Full Name (Last, First, Middle Initial) Boccieri for Congress				<b>Transa</b> Date of				388		
Mailing Address PO Box 3016				0 9	1 /	23	B / Y	ž (	o ŏ 9	Y
City Alliance	State Zip Code OH 44601			Amoun	it of Ea	ich D	isburse	-		eriod
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Candidate Name John Boccieri		С	ategory/ Type							
	ement For: 2010 Primary General Other (specify)	al		Contrib	oution					
Full Name (Last, First, Middle Initial) Friends Of Bill Posey				<b>Transa</b> Date of				389		
Mailing Address P. O. Box 360877				0 9	/	<sup>D</sup> 2 3	) / Y	Ž (	o ŏ 9	Y
City Melbourne	State Zip Code FL 32936			Amoun	t of Ea	ch D	isburse	ment	this P	eriod
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Candidate Name Rep. Bill Posey		С	ategory/ Type							
, <u>x</u>	ement For: 2010 Primary General Other (specify)	al		Contrib	oution					
Full Name (Last, First, Middle Initial)  Dutch Ruppersberger For Congress				<b>Transa</b> Date of				390		
Mailing Address 22 West Padonia Road S	Suite C-141			0 9	/	<sup>D</sup> 2 3	) / Y	Ž (	o ŏ 9	Y
City Timonium	State Zip Code MD 21093			Amoun	t of Ea	ch D	isburse			eriod
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American Hospital Association PAC													
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Larson For Congress								of Di м	sburse		γ ,	/ · Y	Y
Mailing Address 29 Ruff Circle							0 9		2	3 /	2	0 ŏ	9
City Glastonbury	State CT	Zip Code 06033					Amou	nt of	Each	Disburs	emer	nt this	Period
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Candidate Name Rep. John B. Larson			Ca	at	egory/ ype								
Senate President	ement For: C Primary Other (spe	2010 General			,,,,		Contr	ibut	ion				
State: CT District: 01  Full Name (Last, First, Middle Initial)						+	_						
Michael Burgess For Congress									on ID: sburse	17550 ement	5392	2	
Mailing Address PO Box 2334							o <sup>M</sup> 9	M	<sup>D</sup> 2	3 /	Y	o ŏ	9 Y
City Denton	State TX	Zip Code 76202					Amou	nt of	Each	Disburs	emer	nt this	Period
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Steve Austria For Congress							Date	of Di	sburse				
Mailing Address 20 S Limestone St Suite	e 390						0 <sup>M</sup> 9	M	2	3 /	Y 2	o ŏ	9 <sup>*</sup>
City Springfield	State OH	Zip Code 45502					Amou	nt of	Each	Disburs	emer	nt this	Period
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	Mailing Address 509 Madison Ave Suit	e 1902				0 9	M /	<sup>D</sup> 2:	<sup>D</sup> /	ž	0 ŏ 9	Υ
	City New York	State Zip Code NY 10022				Amou	nt of E	ach [	Disburs	-		
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	Candidate Name Sen. Charles E. Schumer	rsement For: 2010		Typ	gory/ pe							
	X Senate President	X Primary Genera Other (specify) ▼	l			Contr	ibutio	n				
	State: NY District:  Full Name (Last, First, Middle Initial)  Congressman Bart Gordon Committee						action		1755 ment	8085		
	Mailing Address P.O. Box 2008						M /	<sup>D</sup> 2		Ý Ž	0 ŏ 9	Y
	City Murfreesboro	State Zip Code TN 37133				Amou	nt of E	ach [	Disburs	emen	t this P	erio
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	Candidate Name Rep. Barton Gordon		0	atec Typ	gory/ pe							
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	Full Name (Last, First, Middle Initial) Joe Donnelly For Congress					Date of	of Disb	ourser		8093		
	Mailing Address PO Box 1961					0 9	M /	<sup>D</sup> 2	5 /	ž	0 Ď 9	Y
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<u></u>	Full Name (Last, First, Middle Initial) Zack Space For Congress Committee				Date o	action of Disbu				0 ŏ 9	Y
	Mailing Address 726 Sixteenth Street Ne				-		_				
	City Massillon	State Zip Code OH 44646			Amou	nt of Ea	ach Dis	sburse	ement	this P	eriod
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	Full Name (Last, First, Middle Initial) Hal Rogers For Congress					action of Disbu	urseme			٧	Y
	Mailing Address P.O. Box 1214 East Mt Vernon St				0 9		25	ľL	2	0 ŏ 9	
	City Somerset	State Zip Code KY 42502			Amou	nt of Ea	ach Dis	sburse			erioc
	Purpose of Disbursement Contribution Candidate Name Rep. Harold Dallas Rogers		011 Catego Type	ory/	L.				100	00.00	•
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	Full Name (Last, First, Middle Initial) Whitfield For Congress Committee				Date o	action of Disbu	urseme				
	Mailing Address P.O. Box 391				0 9	М /	<sup>D</sup> 2 5		ž	0 ŏ 9	Y
	City Hopkinsville	State Zip Code KY 42241			Amou	nt of Ea	ach Dis	sburse	ement	this P	erioc
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<u>/</u>	Full Name (Last, First, Middle Initial) Follow the North Star Fund				Transaction ID: 17583811 Date of Disbursement
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# SCHEDULE B (FEC Form 3X)

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\	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			Transaction ID: 17592875
	Heath Shuler For Congress			Date of Disbursement
	Mailing Address PO Box 8446			09 7 3 0 7 2 0 0 9
	City Asheville	State Zip Code NC 28814		Amount of Each Disbursement this Period
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SUBTOTAL of Disbursements This Page (optional)	•	-2500.00
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City Chicago		State Zip Code IL 60679		Amount of Each Disbursement this Period				
Purpose of Merchant Candidate			001	4.95				
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City Chicago		State Zip Code IL 60679		Amount of Each Disbursement this Period				
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City Dallas		State Zip Code TX 75201		Amount of Each Disbursement this Period				
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В.

## **SCHEDULE B (FEC Form 3X)**

Senate

District:

President

FOR LINE NUMBER: PAGE 125 / 126 Use separate schedule(s) (check only one) **ITEMIZED DISBURSEMENTS** for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Transaction ID: 17608168 Merchant Bankcard Date of Disbursement 0 4 0 9 2009 Mailing Address 1601 Elm Street City State Zip Code Amount of Each Disbursement this Period Dallas TX 75201 14.72 Purpose of Disbursement Merchant Fees 001 Candidate Name Category/ Type Office Sought: Disbursement For: House Merchant Fees General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: 17608170 Citibank, F.S.B. Date of Disbursement 18 0 9 2009 Mailing Address 1400 G Street, NW City State Zip Code Amount of Each Disbursement this Period 20005 Washington DC 51.16 Purpose of Disbursement Bank Fee 001 Candidate Name Category/ Type Office Sought: House Disbursement For:

General

SUBTOTAL of Disbursements This Page (optional)	<b>&gt;</b>	65.88
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Primary

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NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Karen Kirby  Mailing Address 3750 Main Street #705		Transaction ID: 17616585  Date of Disbursement  O 9 O O O O O O
City	State Zip Code PA 19127-2100	Amount of Each Disbursement this Period 350.00
Refund Candidate Name	010 Category/ Type	
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